

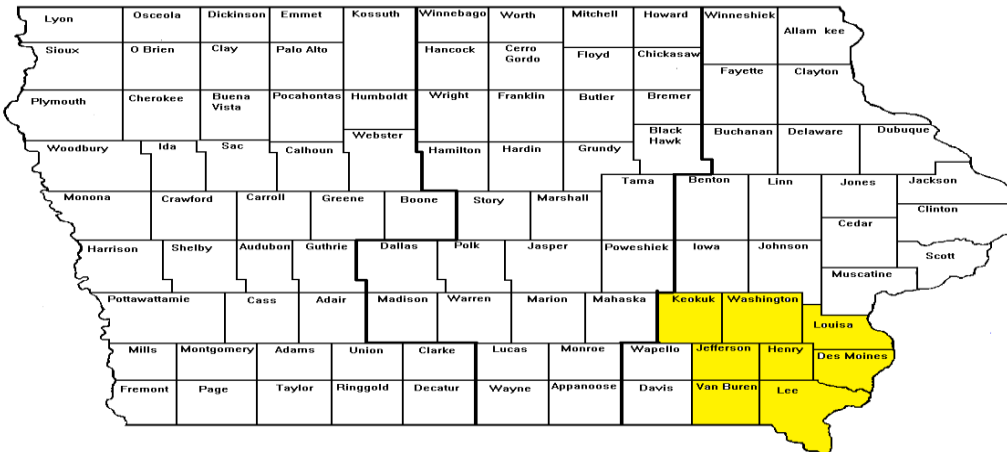
SOUTHEAST IOWA LINK

Mental Health and Disability Services (MHDS)

And

Children's Behavioral Health (CBH)

Management Plan - Policies and Procedures



**Serving Des Moines, Henry, Jefferson, Keokuk, Lee, Louisa,
Van Buren and Washington Counties**

Mission:

Collaborate with people to provide welcoming integrated and individualized services that create opportunities to improve lives.

Vision:

The Vision of Southeast Iowa Link is to facilitate open, quality and comprehensive services to people-adults, children, and families with multiple

issues in their lives. We strive to be welcoming, hopeful and helpful to people who have complex MHDS/CBH challenges, including trauma.

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THIS AGEEMENT (the “Agreement”), entered into this 1st day of July, 2016, is by and between Southeast Iowa Link and _____ (“Provider”), and ending the 30th day of June, 2017.	1121 12111
Southeast Iowa Link is an inter-governmental entity organized under Chapter 28E of the Code of Iowa, governed by its Governing Board. Mental health services are funded by Southeast Iowa Link and Administered by the Chief Executive Officer within the scope and according to the criteria of the Region Management Plan. Southeast Iowa Link is interested in contracting with Provider to purchase Covered Services for the benefit of Southeast Iowa Link Individuals.	1121 12111
<i>From the Management Plan: J. Service Provider Payment Provisions</i>	1151 14113
Southeast Iowa Link	1201 20119
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THIS AGEEMENT (the “Agreement”), entered into this 1st day of July, 2020, is by and between Southeast Iowa Link and _____ (“Provider”), and ending the 30th day of June, 2021.	1211 20119
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Introduction and Vision

Southeast Iowa Link (hereinafter, SEIL) was formed under Iowa Code Chapter 28E to create a mental health and disability services region in compliance with Iowa Code 331.390. Within this region, SEIL will create a regional management plan designed to improve health, hope, and successful outcomes for the adults in our region who have mental health disabilities and intellectual/developmental disabilities and children with behavioral health concerns and/or serious emotional disturbance that results in a functional impairment. ~~When funds become available, SEIL will work towards including additional services for those individuals with multi-occurring substance use issues, health issues, physical disabilities and brain injuries.~~

In accordance with the principles enumerated in the legislative redesign, complex needs legislation, and children's behavioral health legislation, SEIL will work in a quality improvement partnership with stakeholders in SEIL (providers, families, individuals, and partner health and human service systems), other MHDS/CBH Regions, and Managed Care Organizations to develop an integrated system of care approach that is characterized by the following principles and values:

- Welcoming, individualized, and integrated services
- Provide access to comprehensive need-based services
- Person and family driven
- Being able to sustain a quality of life in the community of choice
- Recovery/resiliency oriented
- Trauma-informed
- Culturally competent
- Multi-occurring capable

Basic Framework of the Southeast Iowa Link Mental Health and Disability Services Management Plan

This regional Mental Health & Disability Services Management Plan (hereinafter, Plan) will describe both the framework for system design that SEIL will organize the process for making progress in the direction of that vision, as well as the specific activities within the system that will be funded and monitored directly by SEIL. SEIL will comply with and operate as directed by all codes of law enacted and update the management plan as soon as practical to reflect the mandates. Nothing in this plan shall supersede SEIL's responsibility to pay for services under Iowa^[LU1] Code 229, 230, and 232.

This Plan defines standards for member counties of SEIL. The Plan provides for cost-effective, individualized services and supports that assist persons with disabilities to be as independent, productive, and integrated into the community as possible, within the constraints of available resources.

In compliance with Iowa Administrative Code (IAC) 441-25 the Plan includes three parts: Annual Service & Budget Plan, Annual Report, and Policies & Procedures Manual. The Annual Service & Budget Plan includes the services to be provided and the cost of those services, local access points, service coordination and targeted case management agencies, crisis planning, intensive mental health services, children's behavioral health services, a plan for ensuring effective crisis prevention and a description of the scope of services, budget and financing provisions for the next year, financial forecasting measures, and projection of need and cost to meet the need, and provider reimbursement provisions. The Annual Report shall describe the services provided, the cost of those services, the number of individuals served, and the outcomes achieved ~~provides an analysis of data concerning services managed~~ for the previous fiscal year. The Policies & Procedures Manual shall describe the ~~includes~~ policies and process developed to direct the management and administration of the regional service

~~system. procedures concerning management of the MHDS service and MHDS plan administration.~~ In addition to the plan, SEIL will also have operations documents to supplement the policy and procedure manual.

SEIL shall maintain local county offices as the foundation to the service delivery system. A current plan will be available in each local SEIL office and on the Department of Human Services website.

A. Organizational Structure

Governing Board IC 331.390(2); IAC 441-25.12(1)

SEIL organizational structure assigns the ultimate responsibility for the non-Medicaid funded MHDS/~~CBH~~ services with the governing board. Member counties will appoint one member from the County Board of Supervisors (or designee) and an alternate member to serve as a Director on the Governing Board. The Board of Supervisors of each member county shall select its Director and he or she shall serve for a 2-year appointment or the end of such person's service as a county supervisor. Any Director appointed under this Section may be removed for any reason by the county appointing the Director, upon written notice to SEIL's Governing Board, which notice shall designate a successor Director to fill the vacancy.

The Governing Board shall include one individual who utilizes mental health and disability services, or is an actively involved relative of such an individual. This Director shall be appointed by the adult advisory committee described below, with such appointment to become effective upon approval by the SEIL Governing Board. This Director shall serve an initial term of one year, which shall begin upon the Effective Date, with appointments thereafter to be for two year terms.

The Governing Board shall include one individual representing adult service providers in the SEIL Region. This Director shall be appointed by the adult advisory committee described below, with such appointment to become effective upon approval by the SEIL Governing Board. This Director shall serve as an ex-officio, non-voting Director. This Director shall be appointed to two year terms, with the initial term beginning upon the effective date.

The Governing Board shall include one individual representing children's behavioral health service providers in the region. This Director shall be designated by the region's children's advisory committee described below, with such appointment effective upon approval by the SEIL Governing Board. This Director shall serve as an ex-officio, non-voting Director. This Director shall be appointed to two year terms, with the initial term beginning upon the effective date.

The Governing Board shall include one individual representing the education system in the region. This Director shall be designated by the region's children's advisory committee described below, with such appointment effective upon approval by the SEIL Governing Board. This Director shall be appointed to two year terms, with the initial term beginning upon the effective date.

The Governing Board shall include one individual who is a parent of a child who utilizes children's behavioral health services or actively involved relatives of such children. This Director shall be designated by the region's children's advisory committee described below, with such appointment effective upon approval by the SEIL Governing Board. This Director shall be appointed to two year terms, with the initial term beginning upon the effective date.

~~The Governing Board shall include two ex-officio and non-voting representatives: one representing individuals who utilize mental health and disability services or an actively involved relative of such an individual and one representing service providers in SEIL. Both Directors shall be designated by the Advisory Board, with such~~

~~appointment to become effective upon acknowledgement by the Governing Board of SEIL. Each Director shall serve an initial term of one year, which shall begin July 1, 2014, with appointments thereafter to be for two year terms.~~

No member shall be an employee of the Department of Human Services or an unelected employee of a county.

~~Advisory Board~~**Advisory Committees** IC 331.390(2)e; 331.392.(2)i; IAC 441-25.14.(1)i

SEIL shall encourage stakeholder involvement by having the ~~Advisory Board~~Advisory Committees assist in developing and monitoring the Plan, goals and objectives identified for the service system, and to serve as a public forum for other related MHDS/CBH issues. The ~~Advisory Board~~Advisory Committees shall represent stakeholders, which shall include, but not be limited to: individuals, family members, county officials, interested citizens and service providers.

The ~~Adult Advisory Board~~Advisory Committee, as appointed by the Governing Board and identified in the SEIL Implementation Plan, shall have an open panel with an undesignated number of members (minimum of 5 voting members designated annually and/or in the event of a vacancy). The ~~Adult advisory board~~Advisory Committee members shall be: individuals who utilize services or actively involved relatives of such individuals; service providers; at least one governing board member and at least one member from the SEIL management team. The ~~Adult Advisory Board~~Advisory Committee shall advise the Governing Board as requested by the Governing Board and shall designate the ~~ex-officio~~corresponding adult members representatives to the Governing Board as described above. An individual who utilizes mental health and disability services or an actively involved relative of such an individual and an individual representing the adult providers in SEIL will be recommended by the ~~Advisory Board~~Adult Advisory Committee to serve on the Governing Board.

The Children's Advisory Committee, as appointed by the Governing Board, shall have an open panel with an undesignated number of members (minimum of 10 voting members designated annually and/or in the event of a vacancy). The Children's Advisory Committee members shall be: parents/actively involved relatives of a child who utilizes CBH services, the education system, early childhood advocates, child welfare advocates, children's behavioral health service providers, the juvenile court system, pediatrician/family practice, child care provider, law enforcement/CIT, at least one governing board member, and at least one member from the SEIL management team. The Children's Advisory Committee shall advise the Governing Board as requested by the Governing Board and shall designate the corresponding children member representatives to the Governing Board as described above. A parent/actively involved relative of a child who utilizes children's behavioral health services, an education representative, and a children's behavioral health service provider will be recommended by the Children's Advisory Committee to serve on the Governing Board.

Chief Executive Officer IC 331.392(3)

The Chief Executive Officer (CEO), which is the single point of accountability for the region, shall be the Coordinator of Disability Services (hereinafter, CDS) appointed by the SEIL Governing Board with consideration of the SEIL management team recommendation. The Governing Board will make this appointment during the first Board meeting of each calendar year. The CDSs, even during their term as the CEO, shall remain employees of their respective counties and shall report to both their respective Board of Supervisors and the Governing Board. The CEO shall divide the SEIL's administrative responsibilities amongst member county employees including selection of the Vice-CEO and Secretary of the management team. The CEO shall be paid an administrative stipend from the fiscal agent account each year as directed by the SEIL Governing Board. The Governing Board shall conduct annual evaluation of the CEO, based on identified performance measures. The Governing Board may conduct additional evaluations of the CEO at any

time, as it deems necessary in a given situation. All evaluations shall be summarized in writing and submitted to the Board of Supervisors of the member county, which employs the respective CEO.

Management Team IAC 441-25.12(2)~~de~~

The SEIL Management Team shall consist of the CDS representing each member county and coordinator(s) of CBH services. The SEIL Management Team shall remain employees of their respective counties. The SEIL Management Team shall be assigned SEIL's administrative responsibilities, to ensure that each of the required functions is performed.

The CEO will utilize member county employees to provide services to SEIL and to staff the administrative needs of SEIL. The respective county board of supervisors shall approve the employment terms of employees in accordance with county policy. SEIL staff shall include one or more CDSs, hired either directly by SEIL or provided to SEIL by member counties. CDSs must, at minimum, meet state requirements. The CEO, with the management team, will analyze staff sufficiency and efficiency on an annual basis and make recommendations of staffing needs to the Governing Board. If member counties cannot or will not provide adequate staff, the Governing Board shall make recommendations to the member counties of staffing needs. The Management Team will conduct peer reviews annually as a quality assurance measure to ensure the responsibilities and functions identified below are accomplished.

SEIL intends to utilize management staff of the member counties for the following functions and responsibilities:

- a) Public Relations, IT, Public Information Officer
- b) Operations, Resource and Referral, Training & HIPAA
- c) Provider Development, Performance Based Contracting, Evidence Based Practices, and Quality Assurance
- d) Policies and Procedures, Strategic Plan Development, Grievances and Appeals
- e) Budget Planning, Performance Based Contracting, Risk Management and Financial Reports
- f) Data management, Intake and Eligibility, Claims Administration, Reports & CSN

B. Service System Management

SEIL shall directly administer the Plan through the local member county offices and contract with service providers to meet the service needs of residents of SEIL. Member counties shall provide adequate, qualified staff to carry out the administration of this Plan. The staff delegated to perform functions of CDS shall have the qualifications required by IC 331.390(3)b and IAC 441-25.12(2)e/ IAC441.25.12(2)f. The local member county offices list is in Attachment A in the appendix section.

Risk Management and Fiscal Viability IC 331.~~25.24(1)f~~393(2)f; IAC 441-25.21(1)f

SEIL does not intend to contract management responsibility for any aspect of the SEIL system of care to any agency or entity. The Governing Board shall retain full authority for the SEIL system of care and the associated fixed budget.

Conflict of Interest

Funding authorization and financial decisions shall be made by the SEIL Governing Board/Management Team staff, whom shall have no financial interest in the services or supports to be provided. In the event that such a situation occurs, that interest must be fully disclosed to the individuals, counties, and other stakeholders.

SEIL's success depends on the hard work, dedication and integrity of the designated employees. Therefore, the Region expects those employees to avoid all activities or relationships that create either an actual conflict of interest or the potential for a conflict of interest. Although the Region cannot list every activity or relationship that could create either an actual or potential conflict of interest, examples of activities that violates this policy include the following:

- *working for a customer or vendor as a part-time employee, full-time employee, consultant, independent contractor or in any other capacity if the secondary employment adversely affects the quality of an employees work as determined by his/her Department Head in consultation with the CEO/Governing Board
- *owning an interest in a customer or vendor organization or anyone else who seeks to do business with the Region
- *uUsing the resources of the Region for personal/family gain
- *using your position in the Region for personal/family gain
- *authorizing funding or requesting information for services received by relatives and/or friends

Employees and/or Governing Board members who violate this policy face disciplinary action, up to and including termination or removal. If you are unsure about whether an activity might violate this policy, or if you have any questions at all about this policy, please talk to your immediate supervisor and/or the CEO/Governing Board.

C. System Management

System of Care Approach IC 331.393(4)h; IAC 441-25.21(1)h

SEIL shall provide leadership and management at the local level for designing a regional system of care for Mental Health and Disability Services/Children's Behavioral Health System. The design of the system will be based on the expectation that individuals and families will have multi-occurring issues of all kinds, and will incorporate an organized quality improvement partnership process to achieve the vision defined at the beginning of this Plan.

Within this vision, SEIL will work in partnership with providers and other stakeholders to develop services that are:

- Welcoming and accessible
- Able to emphasize integrated screening, early identification and early intervention
- High quality and, wherever possible, evidence-based
- Organized into a seamless continuum of community based support
- Individualized with planning that expands the involvement of the individual.
- Provided in the least restrictive, appropriate setting
- Designed to empower individuals and families as partners in their own care

- Designed to leverage multiple financing strategies within SEIL including increased use of Medicaid funded services and Iowa Health Link
- Supported by provision of training and technical assistance to individuals and families, as well as to providers and other partners.

Additionally, SEIL shall have service providers that will utilize best practices. First, SEIL will make outcomes data available to providers, referral sources and to purchasers of services. Second, SEIL will promote timely access to services in the SEIL system of care to be available to meet the needs of the population identified in the Plan. Third, SEIL will provide resources to assist providers to improve their outcomes. Finally, there will be regional training and support offered utilizing available technology so that all providers have equitable access. SEIL will also facilitate cooperation among providers and peers to share information and strategies so that the entire system increases service quality and improved fidelity standards.

This information will be used for future planning in the annual service and budget plan, improving the system of care approach, collaboration with agencies, decentralizing service provisions and provider network formation. In addition, the data elements, indicators, metrics and performance improvement for service management will be continuously improved over time as SEIL develops increasing capability for meeting the needs of its population.

SEIL will coordinate access to all services that are included in the annual service and budget plan that are administered by SEIL, state and any other funding source.

Developing an Integrated, Multi-Occurring Capable, Trauma Informed System of Care: Implementation of Interagency and Multi-system Collaboration and Care Coordination

IC 331.393(4)m; IAC 441-25.21(1)n; 441-25.21(1)m

SEIL shall maintain a service delivery approach that builds partnerships within a quality improvement framework to create a broad, integrated process for meeting multiple needs. This approach is based on the principles of interagency collaboration; individualized, strengths-based practices; cultural competence; community-based services; accountability; and full participation of individuals served at all levels of the system. SEIL shall work to build the infrastructure needed to promote positive outcomes for individuals served. SEIL shall fund individuals with multi-occurring conditions that meet the eligibility criteria in Section F of this manual. Service and supports will be offered through the enrollment process including the standardized functional assessment and/or other designated enrollment assessment.

In order to accomplish this goal, SEIL has utilized, and participated in, the Comprehensive Continuous Integrated System of Care (CCISC) process provided by Zia Partners (Cline and Minkoff) and engages all of its stakeholder partners, including mental health, disability, and substance abuse providers, in a process to utilize the CCISC framework to make progress. CCISC represents a framework for system design, and a process for getting there, in which all programs and all persons providing care become welcoming, accessible, person/family centered, hopeful, strength-based (recovery-oriented) trauma-informed, and multi-occurring capable. SEIL has engaged provider participation in this initiative and will assure that providers develop multi-occurring capability. SEIL will assure that training is available for agencies/staff related to evidence-based practices, including trauma-informed care recognized by the National Center for Trauma-Informed Care and/or other professionally recognized organizations.

In addition, SEIL shall partner with the Courts to ensure alternatives to commitment and to coordinate funding for services for individuals under commitment. SEIL shall collaborate with the Iowa Department of Human Services, Iowa Department of Public Health, Department of Corrections, Iowa Medicaid Enterprises, Iowa Health Link and their contracted Managed Care Organizations (hereinafter, MCOs), Integrated Health Homes

(hereinafter, IHHs), other regions, service providers, care coordination/case management, individuals, families and advocates to ensure the authorized services and supports are responsive to individuals' needs consistent with system principles and cost effectiveness. SEIL will attend and collaborate with stakeholders including, but not limited to: agency specific advisory board Advisory Committees, SEIL Adult Advisory Board Advisory Committee, SEIL Children's Advisory Committee, Change Agent Team, jail diversion groups, Iowa Therapeutic Alternatives to Incarceration Committee, AEAs, school districts, primary care/pediatricians/family practice prescribers, regional hospital's collaboratives, Iowa Hospital Association, Iowa Association of Community Providers (IACP), county interagency groups, court administration, SEIL NAMI, mental health summit projects, child welfare, day care providers, and Management Team meetings. Input will be taken back to the SEIL Governing Board in order to make determinations on programming and budgetary issues.

In order to assure that trained providers are available, SEIL shall create committees that focus on training, communications, finance, policy development, information systems, resource development, service delivery system design, and quality improvement, and other committees as indicated, to organize the tasks, activities, and functions associated with building, implementing, and sustaining systems of care.

Decentralized Service Provisions IC 331.393(4)i ; IAC 441-25.21(1)i

SEIL shall strive to ensure the services available in SEIL are provided in a geographically dispersed manner to meet the minimum access standards of core services by utilizing the strengths and assets of the SEIL service providers. The following measures will be used to ensure services are available within SEIL.

SEIL will conduct a-ongoing gap analysis of the service system in SEIL and develop a plan of action to finance and facilitate development of the needed services and respond to legislation changes.

Utilization and Access to Services IC 331.393(4)d; IAC 441-25.21(1)d

SEIL will oversee access to and utilization of services, and population based outcomes, for the MHDS/CBH involved population in SEIL, in order to continuously improve system design and better meet the needs of people with complex challenges. In order to accomplish this, SEIL will integrate planning, administration, financing, and service delivery using utilization reports from both SEIL and the state including the following:

- inventory of available services and providers
- utilization data on the services

Results will be analyzed to determine if there are gaps in services or if barriers exist due to:

- service offered
- adequate provider network
- restrictions on eligibility
- restrictions on availability
- location

This information will be used for future planning in the annual service budget plan, improving the system of care, collaboration with agencies, decentralizing service provisions and provider network development. In addition, the data elements, indicators, metrics and performance improvement evaluations for system management will be continuously improved over time as SEIL develops increasing capability for managing the needs of its population.

SEIL will coordinate access to all services that are included in the annual service and budget plan as well as those that are administered by SEIL, state, and any other funding source. SEIL will work continuously with the

Department of Human Services to coordinate with multiple funding sources for maximum benefit across the spectrum of systems of care.

D. Financing and Delivery of Services and Support IC 331.393(4)a; IAC 441-25.21(1)a

Non-Medicaid MHDS/CBH funding shall be under the control of the SEIL Governing Board in accordance with Iowa Administrative Code 441-25.13 (331.391). The SEIL Governing Board shall retain full authority and financial risk for the Plan. The finances of SEIL shall be maintained to limit administrative burden and provide public transparency.

The SEIL CEO and Management Team shall prepare a proposed annual budget. The SEIL Governing Board shall review the budget for final approval. The Management Team shall be responsible for managing and monitoring the adopted budget. Services funded by SEIL are subject to change or termination with the development of the SEIL budget each fiscal year for the period of July 1 to June 30.

The SEIL Governing Board will designate a SEIL member county to act as the SEIL Fiscal Agent. The SEIL Governing Board will determine an amount of projected MHDS/CBH funds to be held by the SEIL Fiscal Agent. All expenditures, including funds held by SEIL Fiscal Agent and funds held in individual member county accounts, shall comply with the guidelines outlined in the Annual Service and Budget Plan.

It is the Governing Board's duty to ensure a fair, equitable and transparent budgeting process. The SEIL budget will be submitted by the CEO based on the recommendations of the Management Team to the Governing Board for review and approval.

Under the direction and guidance of the Governing Board, SEIL will use a hybrid method of budgeting and planning to meet the needs of SEIL residents. This method will include a regionally managed account for pooled funds to maintain core services in all counties of SEIL and develop new programs/services. Member counties will make available funding for services based on local tax revenues and fund balances in an amount determined by the Governing Board. This allows for the maintenance of local fund management and for regionally based collaboration and coordination.

Accounting System and Financial Reporting IC 331.393(4)c; IAC 441-25.13(1)&(2)

The accounting system and financial reporting to the Department of Human Services and the Department of Management conforms to Iowa Administrative Code 441- 25.13 (2) (331.391) and includes all non-Medicaid MHDS/CBH expenditures by SEIL. Information is separated and identified in the most recent Uniform Chart of Accounts approved by the State County Finance Committee including but not limited to the following: expenses for administration; purchase of services; and enterprise costs for which SEIL is a service provider or is directly billing and collecting payments.

Contracting

SEIL will examine ways to develop incentives for obtaining high performance individual outcomes and cost effectiveness. SEIL may utilize vouchers and other non-traditional means to fund services.

SEIL will contract with MHDS/CBH providers whose base of operation is in SEIL. SEIL may also honor contracts that other regions have with their local providers. SEIL may also choose to contract with providers outside of SEIL. ~~SEIL provider contracts will focus on outcomes and performance measurements in service delivery. SEIL will accept the Iowa Counties Technology Services/Community Services Network (hereinafter referred to as ICTS/CSN) standardized cost report as the tool in developing and establishing rates for service costs not available under Medicaid.~~ SEIL shall utilize established Medicaid reimbursement rates for services paid by SEIL for individuals who are not eligible for Medicaid, or are pending approval. **A contract may should**

~~not be required~~ pursued with providers ~~that provide one-time or episodic services and when SEIL funds less more than six (6) twelve (12) program participants or annual dollar amount of \$50,000 or more.~~

SEIL contracted and non-contracted providers shall be bound by and provide covered services in compliance with the Region Management Plan. Failure to comply with the Region Management Plan may result in sanctions such as, but not limited to, the loss of reimbursement and/or termination of the Agreement.

- SEIL is implementing strategies to move towards performance-based contracting and services. SEIL works cooperatively with Iowa Association of Community Providers to train and implement Five Star Quality.
- SEIL supports outcome measurements that minimize the impact of the MHDS/CBH system complexities on the member. The goal is an approach to core services, access, and practice standards, with outcomes being reported by our providers through SEIL requested outcome documents and/or measures.

Funding

Funding shall be provided for appropriate, flexible, cost-effective community services and supports to meet individual needs in the least restrictive environment possible. SEIL recognizes the importance of individualized and integrated planning for services and supports to empower all individuals to reach their fullest potential.

An individual who is eligible for other publicly funded services and support must apply for and accept such funding and support. Failure to do so shall render the individual ineligible for funding for services that would have been covered under regional funds unless SEIL is mandated by state or federal law to pay for said services.

Individuals who are in immediate need and are awaiting approval and receipt of assistance under other programs, may be considered if all other eligibility criteria are met. Individuals on a Medicaid Home and Community Based Waiver waiting list must follow the Region application process, have an assigned Case Manager, and have a standardized functional assessment and/or designated enrollment assessment identifying service needs.

To facilitate continuity of care, transitional funding may be provided by SEIL for up to thirty (30) calendar days, when individuals are moving from the SEIL Region to another Region that will result in a change in residency to that Region. SEIL will request other Regions to reciprocate funding when individuals are moving from that Region to SEIL.

SEIL shall be responsible for funding only those services and supports that are authorized in accordance with the process described in the Plan, within the constraints of budgeted dollars. SEIL shall be the funder of last resort and regional funds shall not replace other funding that is available. An applicant shall be required to provide proof of denial and/or exempt status from other funding sources before region funding can be authorized.

It is the intent of SEIL that only SEIL staff shall authorize funding for residents of SEIL. Due to that end, if another county, region, or the State, determines residency in error or approves funding for individuals who have residency in a SEIL member county, SEIL may not assume retroactive payment and SEIL will assist the other county, region, or the State to facilitate the transition of funding/service. When written notification is received by SEIL of the error, SEIL staff shall authorize funding according to the policies and procedures set forth in this Plan.

~~SEIL has established a risk pool to provide assistance to member counties who demonstrate a need for financial assistance. The Risk Management Function of the Management Team shall utilize IC 441-23.3 to develop an~~
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~~application process for member counties to apply for SEIL risk pool funds. The Management Team shall review the application process and submit the proposal to the SEIL Governing Board for approval.~~

E. Enrollment IAC441-25.21(1)b

Application and Enrollment

Individuals residing in SEIL counties, or their legal representative, may apply for regional funding for services by contacting any SEIL member county office, which is one of the designated access points (Attachment A), to complete an application (Forms Appendix). After the initial application, applications must be completed on an annual basis to request continued funding. All applications shall be forwarded by secure fax, secure email, uploaded to Office 365 or by regular mail to the local SEIL member county office in the county where the applicant lives. That office shall determine eligibility for funding.

The SEIL MHDS/CBH application shall be used by all applicants. If language or other barriers exist, the access points shall follow their county protocol for providing translator services to assist the applicant in the intake process. An application completed at an access point shall be forwarded to the SEIL member county of residence office by the end of the business day.

SEIL staff shall review the application within ten (10) calendar days from the received date stamped on the application to determine if all necessary information is present and complete on the application. If the application is incomplete a request for missing information shall be returned to the applicant giving them ten (10) calendar days to provide the missing information. Failure to respond with necessary information and/or to provide a fully completed application will result in a denial of funding.

A complete application will have all information filled out on the application form, required verifications, a copy of identification, releases, verification of insurance coverage and verification of denial of eligibility for other funding sources. If applicable, required verifications may include parole agreements and district court orders. The notice of decision will be issued within ten (10) calendar days of the submitted application being considered complete with all required verifications.

SEIL will encourage each applicant to apply for all insurance options, which may include options under the Affordable Care Act, Iowa Health Link (Iowa Health and Wellness and Marketplace), DHS (CHIP/SHIP/MEPD/etc.), and other household member's insurance. Applicants will be required to provide proof of application and/or denial for any of the options above.

SEIL does not intend to utilize its resources to supplant funding obligations of other entities. To this end, SEIL does not fund services for individuals who are on work release or the OWI Continuum. Iowa Code 905.10 identifies individuals who remain under the jurisdiction of the Iowa Department of Corrections.

Residency IC 331.394(1)a

If an applicant has complied with all information requests, their access to services shall not be delayed while awaiting a determination of legal residence. In these instances, SEIL shall fund services as per the guidelines for service access in compliance with federal law, state law, and SEIL management plan. Upon residency determination, a transfer of case will occur to the new resident county and the applicant will become subject to the stipulations of the corresponding resident county's regional management plan.

County of residence means the county in this state in which, at the time a person applies for or receives services, the person is living and has established an ongoing presence with the declared, good faith intention of living in the county for a permanent or indefinite period of time. The county of residence of a person who is a homeless

person is the county where the homeless person usually sleeps. A person maintains residency in the county in which the person last resided while the person is present in another county receiving services in a hospital, a correctional facility, a halfway house for community-based corrections or substance-related treatment, a nursing facility, an intermediate care facility for persons with an intellectual disability, or a residential care facility, or for the purpose of attending a college or university.

Confidentiality IC 228, IC 125, IC 141A, Federal Law 45 CFR § 164.502

SEIL is committed to protecting individual privacy. To that end, all persons, including SEIL staff, Governing Board, and others with legal access to protected health information and/or personally identifiable information, shall have an obligation to keep individual information confidential. Information shall only be released in accordance with HIPAA and other federal and state laws and in accordance with professional ethics and standards. Confidential information will be released only when it is in the best interest of the individual to whom the information pertains or when required by law.

Confidential information may be released without written permission of the individual or their guardian for medical or psychological emergencies, inspection by certifying or licensing agencies of the state or federal government, and for payment of authorized services.

Procedures to assure confidentiality shall include:

- Individual's, or their legal guardian's, written consent shall be obtained prior to release of any confidential information, except as stated above
- Information or records released shall be limited to only those documents needed for a specific purpose
- Individual, or legal guardian with proof of legal appointment and proof of identity shall be allowed to review and copy the individual record
- Individual and related interviews shall be conducted in private settings
- All discussion and review of individual's status and/or records by SEIL staff and others shall be conducted in private settings
- All paper and computer files shall be maintained in a manner that prevents public access to them
- All confidential information disposed of shall be shredded
- Steps shall be taken to assure that all fax, email, and cellular phone transmissions are secure and private
- Staff shall receive initial and ongoing training concerning confidentiality and staff shall sign a statement agreeing to confidentiality terms

In order to determine eligibility for regional funding, perform ongoing eligibility review, and to provide service coordination and monitoring, individuals or their authorized representatives shall be requested to sign release forms. Failure of individuals to sign or authorize a release of information shall not be an automatic reason for denial; however, SEIL staff inability to obtain sufficient information to make an eligibility determination may result in denial of regional funding. All files will be maintained as outlined by the Iowa State Association of Counties (hereinafter, ISAC) Record Retention Schedule.

Privacy Practices: The United States Congress enacted the Health Insurance Portability and Accountability Act of 1996 which contains significant requirements for health care providers with regard to billing, use and disclosure of individual information, and security measures to be utilized by entities covered by HIPAA. The Southeast Iowa Link Notice of Privacy Practice is included Forms Appendix at the end of the Plan.

F. Eligibility IC 331.393(4)b; [IC 331.396A](#); IAC 441-25.21(1)c; Federal Law 8 U.S.C. 1621

1. General Eligibility IAC 441-25.15

SEIL staff receiving an application shall review the application to determine if the applicant meets the general eligibility criteria of the Plan. SEIL recognizes that there may be instances when individuals do not meet eligibility criteria and may access programs that are not eligibility based (see Attachment B).

ADULT

A.) The individual is at least eighteen years of age

- 1.) An individual who is seventeen years of age, is a lawful resident of this state, and is receiving publicly funded children's services may be considered eligible for services through the SEIL service system during the three-month period preceding the individual's eighteenth birthday in order to provide a smooth transition from children's to adult services.

B.) The individual is a lawful resident of this state

CHILDREN

A.) The individual is a child under eighteen years of age.

B.) The child's custodial parent is a resident of the state of Iowa and the child is physically present in the state.

C.) The child's family meets financial eligibility requirements in rule 25.16.

2. Financial Eligibility

The individual complies with financial eligibility requirements in IAC 441-25.16

A.) Income Guidelines IC 331.395.1

A.) ADULT

Gross household income 150% or below current Federal Poverty Guidelines with the exception of the below identified 200% Federal Poverty Guidelines services. SEIL will follow the annual updated Health and Human Services Poverty guidelines the month following the release from the Federal Register.

Applicants with gross income up to 200% Federal Poverty Guidelines may be eligible for regional funding to access preventative outpatient mental health services when they have no other funding source, and voluntary inpatient psychiatric services when they have no other funding source and have been prescreened by a local mental health service provider or emergency department. SEIL will fund five (5) voluntary inpatient psychiatric bed days. SEIL may authorize additional bed days when the admitting psychiatrist submits a written justification of need for

~~additional treatment. There may be occasions during discharge planning from inpatient level of care when recommendations do not align with SEIL's Plan, therefore as funding becomes available SEIL may contract for independent medical review services.~~

An individual who is eligible for other publicly funded services and support must apply for and accept such funding and support. Failure to do so shall render the individual ineligible for regional funds for services that would have been covered under funding, unless, SEIL is mandated by state or federal law to pay for said services. The income eligibility standards specified herein shall not supersede the eligibility guidelines of any other federal, state, county, or municipal program. The income guidelines established for programs funded through Medicaid (Waiver programs, Habilitation Services, etc.) shall be followed if different than those established in this manual.

Applicants are required to provide proof of income (including pay stubs, income tax return, etc.) as requested by SEIL. In determining income eligibility, the income for the last 30 days or the average of three (3) months' income may be considered by SEIL in determining income eligibility. Self-employed applicants shall have their income prorated based on their previous year's Federal Income Tax Return. If an individual did not file a Federal Income Tax Return, the income for the last 30 days will be considered or the average of three (3) months' income.

CHILDREN

The child's family has countable household income equal to or less than 500% of the federal poverty level. Countable household income and family size shall be determined using the modified adjusted gross income methodology.

An eligible child whose countable household income is at least 150% and not more than 500% of the federal poverty level shall be subject to a cost share as described in subrule 441-25.16(3).

Verification of income. Income shall be verified using the best information available.

- Pay stubs, tip records and employers' statements are acceptable forms of verification of earned income.
- Self-employment income can be verified through business records from the previous year if they are representative of anticipated earnings. If business records from the previous year are not representative of anticipated earnings, an average of the business records or from the previous two or three years may be used if that average is representative of anticipated earnings.

Changes in income. Financial eligibility shall be reviewed on an annual basis and may be reviewed more often in response to increases or decrease in income.

A child who is eligible for federally funded services and other support must apply for such services and support.

Cost share amounts for children's behavioral health services are applicable to core services as defined in Iowa Code section 331.397A.

a. The family of a child receiving regional funding for behavioral health services shall be responsible for a cost share amount based on their household income as follows:

<u>Family Income as a % of FPL</u>	<u>Cost Share % Paid by Family</u>
<u>0 to 150%</u>	<u>0%</u>

<u>150 to 200%</u>	<u>10%</u>
<u>201 to 250%</u>	<u>15%</u>
<u>251% to 300%</u>	<u>20%</u>
<u>301 to 350%</u>	<u>35%</u>
<u>351 to 400%</u>	<u>50%</u>
<u>401% to 450%</u>	<u>65%</u>
<u>451% to 500%</u>	<u>80%</u>
<u>Over 500%</u>	<u>100%</u>

B.) Resource Guidelines IC 331.395.4; IAC 441-25.16(2)

B.→ ADULT

An individual must have resources that are equal to or less than \$2,000 in countable value for a single-person household or \$3,000 in countable value for a multi-person household or follow the most recent federal supplemental security income guidelines.

- 1.) The countable value of all countable resources, both liquid and non-liquid, shall be included in the eligibility determination except as exempted in this sub rule.
- 2.) A transfer of property or other assets within five years of the time of application with the result of, or intent to, qualify for assistance may result in denial or discontinuation of funding.
- 3.) An individual receiving a lump sum reimbursement from Social Security shall have nine (9) months from the date of receipt to spend down to the resource limits of this plan.
- 4.) The following resources shall be exempt:
 - (a) The homestead, including equity in a family home or farm that is used as the individual household's principal place of residence. The homestead shall include all land that is contiguous to the home and the buildings located on the land.
 - (b) One vehicle per employed person.
 - (c) Tools of an actively pursued trade, per Internal Revenue Service rules.
 - (d) General household furnishings and personal items.
 - (e) Burial account or trust limited in value as to that allowed in the Medical Assistance Program IAC 633.425.
 - (f) Any resource determined excludable by the Social Security Administration as a result of an approved Social Security Administration work incentive.
 - (g) A retirement account that is in the accumulation stage.
 - (h) A medical savings account.
 - (i) An assistive technology account.
- 5.) An individual who is eligible for federally funded services and other support must apply for and accept such funding and support.

CHILDREN

There are no resource limits for the family of a child seeking CBH services.

3. Diagnostic Eligibility IC 331.396; [IC 331.396A](#); IAC 441-25.15

ADULT

The individual must have a diagnosis of Mental Illness or Intellectual Disability. SEIL does not fund individuals having only a primary treatment need for substance use issues, health issues, physical disabilities or brain injury. SEIL shall fund co-occurring/multi-occurring services for individuals that meet the eligibility criteria. Service and supports will be offered through the enrollment process including the standardized functional assessment and/or other designated enrollment assessment.

A.) Mental Illness (MI)

Individuals who at any time during the preceding twelve-month period had a mental health behavioral, or emotional disorder or, in the opinion of a mental health professional, may now have such a diagnosable disorder. The diagnosis shall be made in accordance with the criteria provided in the most recent diagnostic and statistical manual of mental disorders published by the American Psychiatric Association, and shall not include the manual's "V" codes identifying conditions other than a disease or injury. The diagnosis shall also not include substance-related disorders, dementia, or antisocial personality, unless co-occurring with another diagnosable mental illness.

The results of a standardized assessment and/or other designated enrollment assessment support the need for mental health services of the type and frequency identified in the individual's case plan.

B.) Intellectual Disability (ID)

Individuals who meet the following three conditions:

1. Significantly sub average intellectual functioning: an intelligence quotient (IQ) of approximately 70 or below on an individually administered IQ test (for infants, a clinical judgment of significantly sub average intellectual functioning) as defined by the most recent diagnostic and statistical manual of mental disorders published by the American Psychiatric Association.
2. Concurrent deficits or impairments in present adaptive functioning (i.e., the person's effectiveness in meeting the standards expected for the person's age by the person's cultural group) in at least two of the following areas: communication, self-care, home living, social and interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health, and safety.
3. The onset is before the age of 18.

The results of a standardized assessment and/or other designated enrollment assessment support the need for mental health services of the type and frequency identified in the individual's case plan.

Acceptable verification for Diagnostic requirements

If a copy of a psychological or psychiatric evaluation or other acceptable verification of diagnosis does not accompany the application, SEIL may refer and authorize funding for the applicant to an appropriate mental health professional for evaluation to verify and document a diagnosis.

Assistance to Other than Core Populations IC 331.393(8); IAC441-25.21(1)q

SEIL shall fund services to individuals who have a diagnosis of a developmental disability other than an intellectual disability.

Persons with developmental disabilities means a person with a severe, chronic disability which:

1. Is attributable to mental or physical impairment or a combination of mental and physical impairments.
2. Is manifested before the person attains the age of 22.
3. Is likely to continue indefinitely.
4. Results in substantial functional limitations in three or more of the following areas of life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency.
5. Reflects the person's need for a combination and sequence of services which are of lifelong or extended duration.

The results of a standardized assessment and/or other designated enrollment assessment support the need for disability services of the type and frequency identified in the individual's case plan.

SEIL shall fund services to individuals who have a diagnosis of MI, ID, and/or DD in compilation with other multi-occurring conditions.

CHILDREN

The child has been diagnosed with a serious emotional disturbance as defined by 225C.2 except for comprehensive facility and community based crisis services according to 331.397A (4)"b".

A.) Serious Emotional Disturbance means a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the most current diagnostic and statistical manual of mental disorders published by the American psychiatric association that results in a functional impairment. "Serious emotional disturbance" does not include substance use and developmental disorders unless such disorders co-occur with such a diagnosable mental, behavioral, or emotional disorder.

Acceptable verification for Diagnostic requirements

If a copy of a psychological or psychiatric evaluation or other acceptable verification of (SED) diagnosis does not accompany the application, SEIL may refer and authorize funding for the applicant to an appropriate mental health professional for evaluation to verify and document a diagnosis.

Exception to Policy

An exception to policy may be considered in cases when current regional policy could have a significant adverse effect on an individual accessing service. Exceptions to policy may be considered when it is determined that special circumstances exist where policy, including but not limited to eligibility guidelines or priority service(s), may be temporarily waived to allow transitional access to individualized, integrated service(s) reflecting a "less restrictive" theme that is cost effective. Exceptions will be considered in circumstances where the individual would have to be placed in a higher level of care that is more expensive and/or where the individual could more quickly go to a lower level of care that is less expensive. Exceptions to policy will be considered on a case by case basis.

To request an Exception to Policy, the individual or a SEIL CDS shall submit the following information:

- Individual's name
- Current services the individual is receiving

- The policy for which the exception is being requested
- Reason why the exception should be granted

When SEIL staff identifies a need for an exception to policy a written justification documenting need will be presented to the CEO. If the CEO and Management Team majority concurs with request for exception they will place this on the Governing Board agenda for the next regular meeting and request guidance from the Governing Board on how to proceed. The response from the Governing Board will be given to the staff making the original request and to the individual within ten (10) calendar days after the Governing Board responds. Decisions on requests shall be used to identify future changes in policy.

Notice of Decisions/Timeframes IAC 441-25.21(1)c(3&4)

Emergency and urgent services are not subject to a standardized functional assessment and/or designated enrollment assessment. Eligibility determination and referrals for emergency and urgent services shall not exceed ten (10) calendar days (IAC 441-25.21). The need for outpatient service will be based on the mental health provider's intake assessment and treatment plan, in accordance with the access standards outlined in the SEIL Service Matrix (Attachment C). If a functional assessment and/or other designated enrollment assessment is required, it will be completed within 90 days (IAC 441-21.15). Once an individual's assessment is received, individuals will be referred for services to a provider of choice and issued a Notice of Decision within ten (10) calendar days.

Notice of Eligibility for Assessment

Once a fully completed application is received in a SEIL member county office, SEIL staff shall determine if the applicant meets the general eligibility criteria within ten (10) calendar days. The notice shall inform the individual of the decision, an explanation of their right to appeal a decision, the appeal process and information to schedule the standardized assessment as defined in Section F of this Plan within ninety (90) days (please see below).

Service and Functional Assessment IAC441-25.21(1)o; IAC 441-25.15(1)e

Standardized functional assessment methodology designated by the Director of the Iowa Department of Human Services shall be completed within ninety (90) days of application. The results will support the need for services including the type and frequency of service for the applicant's case plan. The applicant will be referred to Case Management, Integrated Health Home care coordination, MCO care coordination, or county service coordination, as appropriate, to coordinate a referral for services to meet the needs identified in the standardized functional assessment. Effective no later than 10 days of receipt of the functional assessment findings, a Notice of Decision will be issued to the applicant.

The Case Manager, Integrated Health Home (IHH) Care Coordinator, MCO Care Coordinator, or County Service Coordinator will coordinate with the individual to invite providers to participate in the development of the Individual Comprehensive Plan (ICP)/Individual Treatment Plan (ITP). Together with the individual, guardian, family members, and providers, case managers/coordinators develop and implement individualized plans for services and supports. The individual will actively participate in the development of the service plan. If the individual is an adult and has no guardian or conservator, s/he may elect to involve family members in the service planning process, and to approve the final service plan. If the individual has a guardian or conservator, or is otherwise unable to give informed consent, the designated guardian, parent, or other representative will approve the service plan. Advocates, other consumer representatives, friends or family may participate with individuals during the service planning process.

Each service plan for an individual receiving funding from SEIL will specify the time frames for utilization review and re-authorization of the service plan or individual services within the service plan. In no case will the time frame for reviewing certain services extend beyond the stated guidelines. All individuals who are receiving region funded services that have been authorized for 12 months and need continued funding must reapply for funding on at least an annual basis at the local SEIL access point. The case manager, social worker, service coordinator, care coordinator or provider shall work with the individual to submit the MHDS/CBH application thirty days (30) prior to the service end date on the Notice of Decision. If the MHDS/CBH application is not submitted prior to the end date on the Notice of Decision and the individual continues to be eligible for region funding, funding will be reauthorized effective the date the MHDS/CBH application was received at the SEIL access office.

Service Funding Authorization

The written Notice of Decision shall inform the individual and providers of the action taken on the application, the date the action was taken, begin date and end date for the service(s) authorized, reason for the action, service provider, services and units of service approved based on results from the standardized assessment. Applicants must report any changes that could affect eligibility within ten (10) calendar days of the change. The Notice of Decision shall include a notice of the right to appeal the decision and the appeal process. A new funding request with supporting documentation must be submitted each time an individual needs a change in services and a Notice of Decision will be issued. As with the application and enrollment process, individuals will be informed of their right to appeal any service planning/service authorization decision.

All individuals who receive ongoing SEIL funding shall have an individualized plan, for all services other than inpatient, outpatient mental health services and non-eligibility based services, which shall identify the individual's needs and desires and set goals with action steps to meet those goals. Eligible individuals who request or accept the service may be referred for service coordination.

State Psychiatric Papers: (Iowa Code 225 and [Iowa ACT's Chapter 69, 86th GA 2015](#)) ~~Senate File 463—an act relating to the redesign of the mental health and disabilities services administered by regions comprised of counties). The code references focus on the change of board of supervisor and central point of coordination language to regional administrator language. Historically some counties/regions addressed State Psychiatric Papers in General Assistance and some in MHDS; the language clearly puts these responsibilities within MHDS and in the region. To this end,~~ SEIL will screen State Psychiatric Paper applications according to the Plan:

- An applicant must reside in a SEIL member county with intent to reside
- An MHDS application must be completed, along with any/all requested consent to release forms
- Eligibility regarding resource, income, household size and insurance is per the Plan
- Proof of income and resources will be required, if self-report is within eligibility criteria
- Verification of insurance coverage or denial of eligibility will be required
- Any/all payments made by the individual on the billing from the University of Iowa Hospitals and Clinics will be applied to the hospital balance and will not be reimbursed

G. Appeals Processes (IC 331.393(4)l; IAC 441-25.21(1))

Non Expedited Appeal Process IAC 441-25.21(1)l.(1)

Individuals, family members and legal representatives (with the consent of the individual) may appeal the decisions of SEIL or any of its contractors at any time. Such individuals may also file a grievance about the actions or behavior of a party associated with the SEIL system of care at any time.

How to Appeal:

A written appeal must be submitted to the SEIL member county office issuing the Notice of Decision within ten (10) calendar days of receipt of the Notice of Decision. The written appeal should include a clear description of the reason for the appeal, a mailing address, a telephone number and a copy of the Notice of Decision. Assistance in completing the appeal shall be provided upon request.

Reconsideration – The involved CDS shall coordinate with the CEO regarding the information pertaining to the appeals and grievance. Not more than ten (10) calendar days after the written appeal is received, the CEO shall send a copy of the decision to the appellant and/or legal representative by regular or the involved CDS shall contact the appellant and/or legal representative to either collect additional information from the appellant and/or other sources or set up a meeting to discuss the appeal. The appellant shall have 10 calendar days to provide the requested information or meet for reconsideration. Not more than ten (10) calendar days after the receipt of the information/meeting, the CEO shall send a copy of the decision to the appellant and/or legal representative by regular mail. This information will be used for quality management and improvement.

If a resolution is not agreed upon through Reconsideration, then the appellant can pursue a hearing through a state Administrative Law Judge (hereinafter, ALJ). A request for an ALJ hearing will need to be made to the CEO within ten (10) calendar days of the reconsideration decision being issued. The CEO shall forward a copy of the written appeal and decision that was issued by the CDS/CEO to the ALJ. SEIL shall pay the cost of the ALJ. The decision of the ALJ shall be the final decision. If the appellant had been receiving SEIL funded services and continued funding of those services were denied, s/he may keep their SEIL funded services until the appeal is final as long as an appeal was filed within ten (10) calendar days of the date on the Notice of Decision or before the Notice of Decision goes into effect. If the appellant is appealing a denial to access new or additional services, no funding will be authorized while the appeal is in process. Any services funded while the appeal is being decided may have to be paid back to the region if the SEIL action is upheld by the ALJ.

SEIL shall not pay legal fees for an appellant. If an individual cannot afford legal representation, s/he will be referred to Legal Services of Iowa at 1-800-532-1275 or <http://www.iowalegalaid.org/>.

Expedited Appeals Process IC 331.394(3); (IAC 441-25.21(1) 1.2

This appeals process shall be conducted by a mental health professional who is either the Administrator of the Division of Mental Health and Disability Services of the Iowa Department of Human Services or the Administrator's designee. The process is to be used when the decision of SEIL concerning an individual varies from the type and amount of service identified to be necessary for the individual in a clinical determination made by a mental health professional and the mental health professional believes that the failure to provide the type and amount of service identified could cause an immediate danger to the individual's health and safety.

How to Appeal to the Department of Human Services:

The written appeal should include a clear description of the appeal, a mailing address, a telephone number and copy of the notice of decision. The appeal should then be submitted to the Department of Human Services:

MHDS Division Administrator
Hoover State Office Building
1305 E. Walnut Street
Des Moines, Iowa

1. The appeal shall be filed within 5 days of receiving the notice of decision by Southeast Iowa Link. The

expedited review, by the Division Administrator or designee shall take place within 2 days of receiving the request, unless more information is needed. There is an extension of 2 days from the time the new information is received

2. The Administrator shall issue an order, including a brief statement of findings of fact, conclusions of law, and policy reasons for the order, to justify the decision made concerning the expedited review. If the decision concurs with the contention that there is an immediate danger to the individual's health or safety, the order shall identify the type and amount of service, which shall be provided for the individual. The Administrator or designee shall give such notice as is practicable to individuals who are required to comply with the order. The order is effective when issued.
3. The decision of the Administrator or designee shall be considered a final agency action and is subject to judicial review in accordance with section 17A.19.

H. Provider Network Formation and Management IC 331.393(4)j; IAC 441-25.21(1)j

SEIL shall have a network of service providers to meet the continuum of service needs, the requirements of all core service domains, and the assessed treatment need(s) of individuals in compliance with legal obligation for access standards. A listing of contracted service providers is included in annual service and budget plan, which will be updated annually. Providers must meet the SEIL provider network criteria in order to receive SEIL funding. (Payment for commitment related sheriff transportation, court-appointed attorneys, mental health advocate, and other incidental or temporary services, may be exempt from this policy.)

To be included in the SEIL provider network, a provider must participate in SEIL initiatives with Change Agent and Advisory Board/Advisory Committees and meet at least one of the following criteria:

- Currently licensed, accredited or certified by the State of Iowa, or
- Currently enrolled as a Medicaid provider, or
- Have a current accreditation by a recognized state or national accrediting body (Joint Commission on Accreditation of Health Care Organization-JCAHO; Council on Rehabilitation Facilities-CARF; etc.
- Currently has a contract with SEIL or another Iowa region

SEIL promotes and supports an open panel of providers to serve the residents of the region, and in many instances there will be no region funding involved for a service provider and the individual they serve. However, the provider and individual can still benefit from the overall training initiatives and activities of the region. All providers are welcome and encouraged to participate in Change Agent Team and Advisory Board/Advisory Committees. Once region funding is requested/required for a provider, then the contracting steps are followed.

All contracted providers included in the SEIL provider network who are subject to licensure or accreditation shall meet all applicable standards and criteria and shall provide documentation of license and liability insurance to the SEIL CEO, host county for the contract and/or the management team responsible for the contracting function. Current network providers that lose their licensure and/or accreditation or are in jeopardy of losing their licensure and/or accreditation may be removed from the provider network and all individuals receiving services from the provider may be transferred to another network provider. If the situation warrants an immediate change of a provider, SEIL shall transfer individuals to another network provider.

In addition to the above, SEIL is currently encouraging, and will eventually require, that all providers participate in the quality improvement partnership for system development in SEIL, to become welcoming, person/family centered, trauma informed, and multi-occurring capable (Attachment C).

New providers, including non-traditional service providers, may be added to the provider network if it is determined either a particular individual will benefit from the service or that the provider will provide service(s) that will enhance the service system. New network providers shall be approved through the following process:

1. A referral or request for a new network provider may be made by an individual (or authorized representative), individual's case manager, care coordinator or social worker, or directly by a provider. All requests to become a member shall be directed to SEIL CEO or the SEIL member county office where the provider is located and forwarded to the CEO.
2. Providers shall be screened by the SEIL Management Team. Provider may be asked to meet for an interview or provide additional information, which may include, but not limited to, being subject to a check of the criminal registry, sexual predator registry and child abuse/dependent adult registry, provide a detailed description of the offered service, provide references from clients or other professionals and proof of liability insurance. This information will be kept with the contract information that is retained by the CEO and/or management team responsible for the contracting function.
3. SEIL CEO with approval from the Governing Board shall inform the provider of acceptance or denial.
4. New network providers shall receive appropriate orientation and training concerning this Plan.

SEIL shall manage the provider network to ensure individual needs are met. SEIL shall ensure an adequate number of providers are available to avoid waiting lists by contracting with outpatient mental health providers, Community Mental Health Centers, at least one inpatient psychiatric hospital (within 100 miles or less proximity) and other providers of core services. SEIL will expand service availability by allowing access to contracted providers in other regional service systems.

Designation of Targeted Case Management Providers IC 331.393(24)g; IAC 441-25.21(1)g
SEIL must identify the process used to designate targeted case management providers for SEIL. SEIL shall offer a choice and access to Targeted Case Management, and abide by requirements as described in IAC 441-25.21(1)g. The Iowa Mental Health and Disability Services Commission established a set of standards that apply to case management providers. This set of standards is located in Iowa Administrative Code Human Services Department [441] Chapter 24. SEIL will follow the standards established in Chapter 24 as the basis for establishing service outcome expectations and designating Targeted Case Management and Service Coordination.

SEIL shall designate Targeted Case Management agencies to offer services to individuals enrolled in the Medicaid Program with respect to individual access, cost effectiveness, evidenced based practice, and conflict free service. The SEIL Management Team reviewed Case Management units serving SEIL and made recommendations to SEIL Governing Board, based on the following criteria:

- TCM programs located within SEIL
- Existing relationships between county case management programs and service coordination/county social work
- Length of time from referral to assignment
- Length of time from assignment to service implementation
- Standards of practice and qualifications of case managers, care coordinators, and supervisors as defined in IAC441-24.1

Targeted Case Management and Service Coordination Services shall meet the following expectations:

- Performance and outcome measures relating to the safety, work performance, and community residency of the individuals receiving the service

- Standards including but not limited to social history, assessment, service planning, incident reporting, crisis planning, coordination, and monitoring for individuals receiving the services
- Methodologies for complying with the requirements of sub rule 441-24.1, which may include the use of electronic record keeping and remote or internet based training
- Must demonstrate fidelity standards in provision of service that is individualized, integrated, multi-occurring capable, and trauma informed

Appointment of Mental Health Advocate: IC 229

Counties are responsible for the appointment of the mental health advocates (hereinafter, Advocate) in accordance with Iowa Code Chapter 229. The eight counties in SEIL shall provide financial support to the employer of record for advocate position(s) and agree with assignment of supervision for the direct supervision of the advocate(s) and the Code responsibilities for support and facilitation for the provision of quality assurance. The employer of record accepts the responsibilities of employer and will work cooperatively with SEIL's recommendations for recruitment, retention and training of the advocate(s).

I. Quality Management and Improvement IC 331.393(4)e; (IAC 441-25.21(1)e

ADULT

SEIL shall have a quality improvement process that provides for ongoing and periodic evaluation of the service system, and of the providers of services and supports in the system. Stakeholders, with emphasis on individual input, shall be involved in the development and implementation of the quality improvement program. The basic framework of the quality improvement (QI) process will be aligned with the Comprehensive, Continuous, Integrated System of Care (CCISC) process and will incorporate measurement of progress by each provider partner in organizing its own QI activity to make progress toward trauma informed, multi-occurring capability. Outcomes and performance measures will focus on six (6) domains:

- 1. Access to Services** – services in SEIL are sufficiently funded, have flexible eligibility criteria and are available in convenient locations
- 2. Life in the Community** – services support individuals' ability to live successfully in the community of their choice
- 3. Person-centeredness** – services provided in a person centered orientation
- 4. Health and Wellness** – services promote whole person care with improved wellness
- 5. Quality of Life and Safety** – services promote independent decision making, symptom management and safe living arrangements
- 6. Family and Natural Supports** – services or interventions that enable improved relationships and collaboration with natural supports

Evidence-based Practices

SEIL will assure providers receive necessary supports to deliver evidence-based service models including but not limited to:

- Assertive community treatment or strength-based case management
- Integrated treatment of co-occurring substance abuse and mental health disorders
- Supported employment
- Family psychoeducation

- Illness management and recovery
- Permanent supportive housing
- Trauma- informed care

SEIL will verify evidence-based practices utilizing fidelity scales in these particular programs by the Substance Abuse and Mental Health Services Administration (SAMHSA).

CHILDREN

SEIL will designate and/or contract with licensed and accredited providers with the expectation that the standardized performance and outcome measures related to the specified service(s) provided by that individual or agency. The Regions will facilitate the collection of the below Performance and Outcome Measures as identified in Iowa Code 225C.6A(3) :

- a. Access to services.
- b. Life in the community.
- c. Person-centeredness.
- d. Health and wellness.
- e. Quality of life and safety.
- f. Family and natural supports.

Performance and Outcome measures related to education will be synchronized with the standardized performance and outcome measures identified by region education partners in conjunction with region funded CBH services. Statewide aggregate school attendance information and region involved individual school attendance measures will be collected accordingly.

System Evaluation

The system evaluation shall include, but not limited to:

- evaluation of individual satisfaction, including empowerment and quality of life
- provider satisfaction, patterns of service utilization, responsiveness to individual needs and desires
- improvement of welcoming, person/family centered, hopeful, strength based, trauma informed, multi-occurring capable care
- improvement of the ability of providers to work in partnership with each other and with the SEIL Management Team to share collective responsibility for the population in SEIL
- the number and disposition of individual appeals/grievances and the implementation of corrective action plans based on these appeals/grievances
- Cost-effectiveness as evaluated thru comparison of program costs and outcomes. Reinvestment will in part be determined thru this comparison process
- Benchmarks and performance indicators will be paralleled with the contractual agreements and policy and procedures of the Managed Care Organization(s) and Accountable Care Organization(s) of the State of Iowa when possible in order to create unified fidelity scales and outcomes across multiple funding sources including but not limited to Medicaid, Medicare, Iowa Health Link, Private third party insurance, and cooperatives
- Additional outcomes and performance measures outlined by the Department of Human Services
- Establishment and maintenance of a data collection and management information system oriented to the needs of individuals, providers, and other programs or facilities. Tracking changes and trends in the ~~disability services~~ **MHDS/CBH** system and providing reports to the Department of Human Services as requested for the following information for each individual served:
 - SEIL staff collects data using the Iowa Association of Counties Community Services Network (CSN), a data management system to connect counties and agencies with a shared system which captures and reports standardized information for Iowans accessing the community services

system while abiding by HIPAA, State, and Federal Laws. CSN has the data capacity to exchange information in compliance with the reporting requirements including DHS established client identifier, demographic information, expenditure data concerning the services and other support provided to each individual, as specified by the department.

- SEIL will follow the process outlined in the Outcome and Performance Measures Committee Report of December 14, 2012. SEIL will initially use the statistical data from ~~CSN~~ **outcomes** to develop reports that will help to establish measures. Next, a determination will be made about what additional data should be collected, where the data will come from and what the cost is to collect the data. The Report suggests the information should come from providers and regional statistical data as well as from service recipients and their families, requiring development of surveys. SEIL will partner with DHS leadership in this area in order to standardize the data that is being collected to make it meaningful statewide as well as regionally.
- SEIL initial focus aligns with Code of Iowa 225.C.4 (1)u to develop a process to analyze data on the following:
 - Access standards for required core services
 - Penetration rates for serving the number of persons expected to be served, particularly the proportion of individuals who receive services compared to the estimated number of adults needing services in SEIL
 - Utilization rates for inpatient and residential treatment, including:
 - Percent of enrollees who have had fewer inpatient days following services.
 - The percentage of enrollees who were admitted to the following:
 - State mental health institutes
 - ◆ Medicaid funded private hospital in-patient psychiatric services programs;
 - ◆ State resource centers; and
 - ◆ Private intermediate care facilities for persons with intellectual disabilities.
 - Readmission rates for inpatient and residential treatment
 - The percentage of enrollees who were discharged from the following and readmitted within 30 and 180 days:
 - State mental health institutes
 - ◆ Medicaid funded private hospital in-patient psychiatric services programs;
 - ◆ State resource centers;
 - ◆ Private intermediate care facilities for persons with intellectual disabilities.
 - Employment of the persons receiving services.
 - Administrative costs.
 - Data reporting.
 - Timely and accurate claims payment.

SEIL MHDS Strategic Plan

SEIL MHDS Strategic Plan was developed in partnership with the Change Agent Team and ~~Advisory Board~~ **Adult Advisory Committee**. The strategic plan mission is: Collaborate with people to provide welcoming integrated and individualized services that create opportunities to improve lives. The vision of SEIL is to

facilitate open, quality and comprehensive services to people with multiple issues in their lives. We strive to be welcoming, hopeful and helpful to people who have complex MHDS challenges, including trauma.

The strategic plan has goal areas and each goal has performance objectives, interventions, measures, time frames and who is involved. This provides direction for SEIL in identifying additional services and supports that may be needed in the region, a strategy to finance new services and time frames to ensure progress is being made.

Annually, SEIL Governing Board shall assess SEIL's performance and develop a list of priority areas needing improvement. The CEO and Management Team, in collaboration with the Change Agent Team and ~~Advisory Board~~ Adult Advisory Committee, have collaborated in developing a strategic plan. This includes measurable goals and action steps with a process for collecting data. Based on the data, areas needing improvement shall be addressed. The CEO shall evaluate the levels of improvement resulting from the strategic plan and shall determine if further action is needed with the assistance of CDSs and/or designates. Additionally, the SEIL ~~Advisory Board~~ Advisory Committees and SEIL Governing Board shall assess SEIL's performance and develop a list of priority areas needing improvement. This shall be documented in the annual report.

Development of New Services and Enhancement of Current Services

A formal Request for Proposal process (hereinafter, RFP) will be utilized for the development of new or additional services within SEIL. An RFP may be utilized to enhance current services as deemed necessary by the Management Team. This provides for full and open competition to allow all interested providers an opportunity to bid. The structure of the RFP will include a statement of purpose, provide background information, scope of work, outcome and performance standards, deliverables, contractual terms and conditions, payments, incentives, requirements for proposal preparation, evaluation and award process, process schedule and points of contact.

Quality of Provider Services

Provider evaluations shall ensure that services and supports are provided in accordance with provider contracts. The services and supports evaluation will be an ongoing process which will utilize the Change Agent Team, the SEIL strategic plan process, outcomes and performance based contracts, 5 Star Quality, Quality Service Development and Assessment (QSDA) and shall include, but not be limited to:

- evaluation of the quality of provider services and supports based on individual satisfaction and achievement of desired individual outcomes
- the number and disposition of appeals/grievances of provider actions and the implementation of corrective action plans based on these appeals/grievances
- cost-effectiveness of the services and supports developed and provided by individual providers
- evaluation of providers' ability to provide services for multi-occurring/trauma informed care
- SEIL will partner with provider designated licensing entities to ensure all accreditation and licensing issues meet specifications
- SEIL will communicate with multiple authorization/funding sources, including but not limited to: Department of Human Services, Magellan, Iowa Medicaid Enterprise, Managed Care Organizations to inquire about functionality of provider services that are in common with SEIL service provider array

Methods Utilized for Quality Improvement

- SEIL will engage in a statewide strategic planning process as directed and developed by the Iowa Community Services Affiliate and the statewide committee of Regional CEOs to identify system of care development needs for both short and long-term implementation frameworks
- Direct interaction and feedback from individuals, families, providers, case managers, service coordinators, and other stakeholders

- Needs assessments, satisfaction surveys, and other written questionnaires
- Use of the CCISC multi-occurring capability toolkit, and program tracking tools to monitor progress on the implementation of multi-occurring capability
- Establishment and maintenance of a data collection and management information system oriented to the needs of individuals, providers, and other programs or facilities
- SEIL will invest in trainings and supports to providers in order to facilitate capacity to provide multi-occurring/trauma informed care
- Tracking changes and trends in the MHDS system and providing reports to the Department of Human Services as requested for the following information for each individual served:
 - demographic information
 - expenditure data
 - data concerning the services and other support provided to each individual, as -specified in administrative rule
 - the number and disposition of individual appeals and the implementation of corrective action plans based on these appeals

J. Service Provider Payment Provisions C 331.393(2)e; 331.393(4)k; IAC 441-25.21(1)k

Each service provider shall submit monthly billing invoices and other information requested of the provider for utilization review. The monthly billings shall include the following information:

- Name and unique identifier of each individual served during the reporting period
- Number of units of service delivered to each individual served
- When requested, attendance records
- Unit rate and total cost of the units provided to each individual, co-payment or other charges billed to other sources shown as deductions on the billing
- Actual amount to be charged to SEIL for each individual for the period
- The invoice must contain the provider name, address, invoice date, invoice number and signature

SEIL staff shall review the billings and additional utilization information in comparison with the Notice of Decision in place. Services billed without a Notice of Decision shall be deducted from the billing. All eligible bills shall be submitted no later than sixty (60) calendar days after the month the service was provided or as directed in the provider contract. Submitted invoices shall be paid according to the County Auditor claim cycle. This should usually occur within sixty (60) calendar days of receipt of the bill unless unforeseen circumstances exist or additional documentation is required. No billings received more than sixty (60) calendar days after the close of the fiscal year (in which the service was provided) shall be considered for payment by SEIL unless there is a statutory obligation. The fiscal year for SEIL is July 1 – June 30.

K. Waiting List Criteria IC 331.393(9); IAC 441-25.21(1)r

SEIL will make every attempt to maintain eligibility guidelines and service availability as outlined in this plan. However, our ability to do so is contingent solely on the availability of sufficient funds to maintain current eligibility and service standards, as well as meeting projected increases in the number of individuals served in community based settings. SEIL may implement a waiting list if encumbered expenses for a given fiscal year exceed regional MHDS/CBH funds available. Core Services for target populations shall be considered mandated services; all other services may be placed on the waiting list and/or be subject to reduction in services. Core services will be maintained by the use of Waiting Lists, if necessary. Additional Core Services (as identified in Iowa Code 331.397 ~~6(7)~~) and Non-Core Services, as well as other designated populations, will

be the first to be placed on the Waiting List when funds are fully encumbered at the time of application for those services. The priority for reduction of service if necessary due to encumbrance issues is as follows:

- Service reduction for other than target population non-core services
- ~~Service reduction for target population non-core services~~
- ~~Service reduction for other than target population core services~~
- Service reduction for target population non-core services
-

If placed on the Waiting List, the applicant shall be informed on the Notice of Decision. The Notice of Decision will identify the approximate time the service may be available to applicant. If unable to estimate such time, the CDS shall state such and will update the applicant at least every 90 days as to the status of their service request. The Waiting List shall be centrally maintained by SEIL CEO. Any Waiting List that may exist shall be reviewed annually when planning for the future budgeting needs and future development of services.

SEIL requires the following strategies be utilized on an ongoing basis to prevent the need to implement a waiting list, prevent service reduction and to lessen the time an individual is on a waiting list should one exist:

1. Service Coordinators, Targeted Case Managers, and Integrated Health Home Care Coordinators will continuously and actively seek ways to move individuals to the least restrictive environments. Individuals will utilize or learn to utilize natural supports, whenever possible. Any service in the best interest of the individual that is cost neutral or of lesser cost will be sought and utilized.
2. Each individual's Inter-Disciplinary Team will meet to determine that services reflect the individual's needs as determined by clinical assessment and/or standardized functional assessment and/or designated enrollment assessment.
3. All individuals applying for 100% Region Funding must first use the service array available to them via federal, state, and insurance funding that might pay for all or part of the service.

L. Amendments IAC 441-25.21(3)

The SEIL Mental Health and Disability Services Management Plan has been approved by the Governing Board and is subject to approval by the Director of Department of Human Services. SEIL ~~Advisory Board~~Advisory Committees shall review amendments to this Plan and make recommendations to the SEIL Governing Board. After approval by the SEIL Governing Board, amendments shall be submitted to the Department of Human Services for approval at least 45 days before the planned date of implementation.

Attachment A

Access Points

SEIL shall designate the access points and their function(s) in the enrollment process. An access point is a part of the service system or community that shall be trained to complete the MHDS/CBH funding applications for persons with a disability and forward them to the local SEIL County office.

<u>Access Point</u>	<u>Location</u>	<u>Contact Information</u>
<u>Des Moines</u>	<u>910 Cottonwood, Suite 1000, Burlington, IA 52601</u>	<u>319-754-8556</u>
<u>Henry</u>	<u>106 N Jackson St., Suite 102 Mt Pleasant, IA 52641</u>	<u>319-385-4050</u>
<u>Jefferson</u>	<u>Courthouse, 51 E. Briggs Fairfield, IA 52556</u>	<u>641-472-8637</u>
<u>Keokuk</u>	<u>615 South Jefferson St. Sigourney, IA 52591</u>	<u>641-622-2383</u>
<u>Lee</u>	<u>307 Bank St. PO Box 937 Keokuk, IA 52632</u>	<u>319-524-1052</u>
<u>Louisa</u>	<u>503 Franklin St., Suite 1 Wapello, IA 52653</u>	<u>319-523-5125</u>
<u>Van Buren</u>	<u>404 Dodge Street, Courthouse Keosauqua, IA 52565</u>	<u>641-919-6776</u>
<u>Washington</u>	<u>2175 Lexington Blvd. Bldg. #2, PO Box 902, Washington, IA 52353</u>	<u>319-653-7751</u>

Attachment B Updated 10-11-17 to support the Community Services Plan due to DHS 10-16-17

Updated for FY21 to add additional obligations of Regions related to Complex Needs and the Children's Behavioral Health system.

Service Matrix

Standardized functional assessment must support the need for services of the type and frequency identified in the individual's case plan.

Region Service Matrix

Core Domains (IC331.397)	Description	Target Pop. MI/ID CBH/SED	Add'l Pop.	Access Standards
Treatment				
Mental health outpatient therapy** COA 42-305 Other Payers: T19/IHWP/Med. Exempt/Medicare/Private 3rd Party	<p>Evaluation and treatment services provided on an ambulatory basis for the target population. Outpatient Services include psychiatric evaluations, medication management and individual, family, and group therapy.</p> <p>In addition, outpatient services shall include specialized outpatient services directed to the following segments of the target population: children, elderly, individuals who have serious and persistent mental illness, and residents of the service area who have been discharged from inpatient treatment at a mental health facility.</p> <p>Outpatient services shall provide elements of</p>	MI, SED**		<p>Eligibility Based</p> <p>**Eligibility Based</p> <p>Emergency: within 15 minutes of phone contact.</p> <p>Urgent: within 1 hour of presentation or 24 hours of phone contact.</p> <p>Routine: within 4 weeks of request for appointment</p> <p>Outpatient services shall be offered within 30 miles for an individual residing in an urban community and 45 minutes for an individual residing in rural community.</p> <p>Utilization Review:</p> <p>Clinical Evaluation - 1 every 12 months</p> <p>Therapy- 48 hours per year</p> <p>Group Therapy- 16 hours per year</p> <p>Funding is limited to 90 days to allow for Medicaid eligibility to be established. If the individual</p>

	diagnosis, treatment, and appropriate follow-up.			meets the eligibility guidelines in this plan and is not eligible for Medicaid or not eligible for any other insurance coverage, the service funding may be ongoing.
Core Domains (IC331.397)	Description	Target Pop. MI/ID CBH/SED	Add'l Pop.	Access Standards
Medication prescribing and management** COA 42-306 Other Payers: T19/IHWP/Med. Exempt/Medicare/Private 3rd Party	<p>Services with the individual present provided by an appropriately licensed professional as authorized by Iowa law including, but not limited to, determining how medication is affecting the individual; determining any drug interactions or adverse drug effects on the individual; determining the proper dosage level; and prescribing medication for the individual for the period of time before the individual is seen again.</p> <p>Medication management-services provided directly to or on behalf of the individual by a licensed professional as authorized by Iowa law including, but not limited to, monitoring effectiveness of and compliance with a medication regimen; coordination with care</p>	MI, SED**		<p>Eligibility Based</p> <p>**Eligibility Based</p> <p>Emergency: within 15 minutes of phone contact.</p> <p>Urgent: within 1 hour of presentation or 24 hours of phone contact.</p> <p>Routine: within 4 weeks of request for appointment</p> <p>Outpatient services shall be offered within 30 miles for an individual residing in an urban community and 45 minutes for an individual residing in rural community.</p> <p>Outpatient treatment evaluation supports the need for this service.</p> <p>Utilization Review:</p> <p>12 per year</p> <p>Funding is limited to 90 days to allow for Medicaid eligibility to be established. If the individual meets the eligibility guidelines in this plan and is not eligible for Medicaid or not eligible for any other insurance coverage, the service funding may be ongoing.</p>

	providers; investigating potentially negative or unintended psychopharmacologic or medical interactions; reviewing laboratory reports; and activities pursuant to licensed prescriber orders.			
Core Domains (IC331.397)	Description	Target Pop. MI/ID CBH/SED	Add'l Pop.	Access Standards
Assessment evaluation, and early identification** COA 43-301 Other Payers: T19/IHWP/Med. Exempt/Medicare/Private 3rd Party	<p>Evaluation (Non Crisis) is for screening, diagnosis and assessment of individual and family functioning, needs, abilities, and disabilities, and determining current status and functioning, recommendations for services, and need for further evaluations. Evaluations consider the emotional, behavioral, cognitive, psychosocial, and physical information as appropriate and necessary.</p> <p>The clinical review by a mental health professional of the current functioning of the individual using the service in regard to the individual's situation, needs, strengths, abilities, desires and goals to determine the appropriate level of care.</p> <p>** Early Identification means the process of detecting developmental delays or untreated</p>	MI, ID, CBH**	DD	<p>Eligibility Based</p> <p>**Non-eligibility Based</p> <p>Assessment completed within 90 days of notice of enrollment.</p> <p>Emergency: within 15 minutes of phone contact.</p> <p>Urgent: within 1 hour of presentation or 24 hours of phone contact.</p> <p>Routine: within 4 weeks of request for appointment</p> <p>Outpatient services shall be offered within 30 miles for an individual residing in an urban community and 45 minutes for an individual residing in rural community.</p> <p>Individual who has received inpatient treatment shall be assessed within 4 weeks.</p>

	conditions that may indicate the need for further evaluation.			
Core Domains (IC331.397)	Description	Target Pop. MI/ID CBH/SED	Add'l Pop.	Access Standards
Mental health inpatient therapy-MHI COA 71-319 T19(1st 15 days)/Medicare/Private 3rd Party	Institutional/hospital and commitment services are services provided at a state Mental Health Institutes or State Hospital Schools, in hospital settings, or to people undergoing court commitment process.	MI		<p>Eligibility Based</p> <p>Shall receive treatment within 24 hours.</p> <p>Inpatient services shall be within a reasonably close proximity to the region.</p> <p>Acute inpatient mental health services are 24-hour settings that provide services to individuals with acute psychiatric conditions. Primary goal is to provide a comprehensive evaluation, rapidly stabilize acute symptoms, address health and safety needs and develop a comprehensive discharge plan to appropriate level of care.</p> <p>At State Mental Health Institutes SEIL shall reimburse the fiscal year billing rates established annually by the Department of Human Services.</p> <p>Eligibility requirements will not be assessed in the case of involuntary inpatient hospitalizations.</p>

Core Domains (IC331.397)	Description	Target Pop. MI/ID CBH/SED	Add'l Pop.	Access Standards
Mental health inpatient therapy** COA 73-319 Other Payers: T19/IHWP/Med. Exempt/Medicare/Private 3rd Party	<p>Inpatient/community hospital is for inpatient expenses incurred at community based hospitals, either private or public. All inpatient (including less than 24 hours), emergency room charges at admission.</p> <p>** Inpatient treatment means inpatient psychiatric services to treat an acute psychiatric condition provided in a licensed hospital with a psychiatric unit or a licensed freestanding psychiatric hospital.</p>	MI, SED**		<p>Eligibility Based</p> <p>**Eligibility Based</p> <p>Shall receive treatment within 24 hours.</p> <p>Inpatient services shall be within a reasonably close proximity to the region (100 miles).</p> <p>Acute inpatient mental health services are 24-hour settings that provide services to individuals with acute psychiatric conditions. Primary goal is to provide a comprehensive evaluation, rapidly stabilize acute symptoms, address health and safety needs and develop a comprehensive discharge plan to appropriate level of care.</p> <p>SEIL shall fund at host county/region contractual rate and in the absence of a contract, SEIL shall reimburse at the current Medicaid rate.</p>

Core Domains (IC331.397)	Description	Target Pop. MI/ID CBH/SED	Add'l Pop.	Access Standards
Crisis Services				
Personal emergency response system COA 32-322 Other Payers: T19/HCBS	An electronic device connected to a 24-hour staffed system which allows the individual to access assistance in the event of an emergency.	MI, ID	DD	Eligibility Based Twenty-four-hour access to crisis services, 24 hours a day, seven days a week, 365 days per year Standardized functional assessment and/or designated enrollment assessment must support the need for this service. Funding is limited to 90 days to allow for Medicaid eligibility to be established. If the individual meets the eligibility guidelines in this plan and is not eligible for Medicaid or not eligible for any other insurance coverage, the service funding may be ongoing.
Crisis evaluation COA 44-301 Other Payers: T19	The process used with an individual to collect information related to the individual's history and needs, strengths, and abilities in order to determine appropriate services or referral	MI		Non-eligibility Based Twenty-four-hour access to crisis services, 24 hours a day, seven days a week, 365 days per year. Crisis evaluation within 24 hours.

	during an acute crisis episode. This includes crisis screening and evaluation as defined in 441.24.10(225C).			Present to local community mental health center or local hospital emergency department for assessment within 24 hours. Eligibility requirements will not apply for this service.
23 Hour crisis observation and holding COA 44-302 Other Payers: T19	A level of care provided for up to 23 hours in a secure and protected, medically staffed, psychiatrically supervised treatment environment.	MI		Non-eligibility Based An Individual who has been determined to need 23-hour observation and holding shall receive the service within 120 minutes of referral. Service will be located within 120 miles from the individual's residence.
Core Domains (IC331.397)	Description	Target Pop. MI/ID CBH/SED	Add'l Pop.	Access Standards
24 Hour access to crisis response services COA 44-305 Other Payers: T19	Short term individualized mental health services following a crisis screening or assessment, which are designed to restore the individual to prior functional level.	MI		Non-eligibility Based Twenty-four-hour access to crisis services, 24 hours a day, seven days a week, 365 days per year. Crisis evaluation within 24 hours. Eligibility requirements will not apply for this service.
Mobile Response** COA 44-307 Other Payers: T19	A mental health service which provides on-site, face-to-face mental health crisis services for an individual experiencing a mental health crisis. Crisis response staff providing mobile response have the capacity to intervene wherever the crisis is occurring, including but not limited to the individual's place of residence, an emergency room, police station, outpatient mental	MI, CBH**		Non-eligibility Based **Non-eligibility Based Face to face contact with mobile crisis response staff within 60 minutes of dispatch.

	health setting, school, recovery center or any other location where the individual lives, works, attends school, or socializes.			
Crisis stabilization community-based services** COA 44-312 Other Payers: T19	Services provided in community-based settings to de-escalate and stabilize an individual following a mental health crisis.	MI, CBH**		Non-eligibility Based **Non-eligibility Based Requires a crisis evaluation to determine level of care Eligibility requirements will not apply for this service.
Core Domains (IC331.397)	Description	Target Pop. MI/ID CBH/SED	Add'l Pop.	Access Standards
Crisis stabilization residential services** COA 44-313 Other Payers: T19	Services provided in short-term non-community based residential settings to de-escalate and stabilize a mental health crisis.	MI, CBH**		Non-eligibility Based **Non-eligibility Based Requires a crisis evaluation to determine level of care. This evaluation must be completed by a provider who is contracted by the region to complete crisis evaluations. Eligibility requirements other than being a resident from a county in the SEIL region will not apply for this service. Time limit for funding is maximum of 6 weeks.
Access Centers: Start-up/sustainability COA 44-396	The coordinated provision of intake assessment, screening for multi-occurring conditions, care coordination, crisis stabilization residential services, subacute mental	MI		Non-eligibility Based Service is available within a 120 minutes from the determination that services are needed. Service is located within a 120 miles from the individual's residence.

	health services, and substance abuse treatment for individuals experiencing a mental health or substance use crisis who do not need inpatient psychiatric hospital treatment, but who do need significant amounts of supports and services not available in other home- and community-based settings.			
Core Domains (IC331.397)	Description	Target Pop. MI/ID CBH/SED	Add'l Pop.	Access Standards
Support for Community Living				
Home health aide services COA 32-320 Other Payers: T19/HCBS	Unskilled medical services which provide direct personal care. This service may include assistance with activities of daily living, such as helping the recipient to bathe, get in and out of bed, care for hair and teeth, exercise, and take medications specifically ordered by the physician.	MI, ID	DD	Eligibility Based The first unit of service shall occur within four weeks of the individual's request of community for community living. Standardized functional assessment and/or designated enrollment assessment must support the need for this service. Funding is limited to 90 days to allow for Medicaid eligibility to be established. If the individual meets the eligibility guidelines in this plan and is not eligible for Medicaid or not eligible for any other insurance coverage, the service funding may be ongoing.
Respite services COA 32-325 Other Payers:	A temporary period of relief and support for individuals and their families provided in a variety of settings. The	ID	DD	Eligibility Based The first unit of service shall occur within four weeks of the

T19/HCBS	intent is to provide a safe environment with staff assistance for individuals who lack an adequate support system to address current issues related to a disability. Respite may be provided for a defined period of time; respite is either planned or provided in response to a crisis.			<p>individual's request of community for community living.</p> <p>Standardized functional assessment and/or designated enrollment assessment must support the need for this service.</p> <p>Funding is limited to 90 days to allow for Medicaid eligibility to be established. If the individual meets the eligibility guidelines in this plan and is not eligible for Medicaid or not eligible for any other insurance coverage, the service funding may be ongoing.</p>
Core Domains (IC331.397)	Description	Target Pop. MI/ID CBH/SED	Add'l Pop.	Access Standards
Home and vehicle modification COA 32-328 Other Payers: T19/HCBS	Is for physical modifications to the consumer's home environment and/or vehicle which are necessary to provide for the health, welfare, and safety of the individual, and which enable the individual to function with greater independence in the home or vehicle.	ID	DD	<p>Eligibility Based</p> <p>The first unit of service shall occur within four weeks of the individual's request of community for community living.</p> <p>Standardized functional assessment and/or designated enrollment assessment support the need for this service.</p> <p>Lifetime limit equal to that established for the HCBS waiver for individuals with intellectual disabilities. Provider payment will be no lower than that provided through the HCBS waiver.</p>
Supported community living COA 32-329 Other Payers: T19/HCBS	Services provided in a non-institutional setting to adult persons with mental illness or intellectual disability or developmental disabilities to meet the persons' daily living needs.	MI, ID	DD	<p>Eligibility Based</p> <p>The first unit of service shall occur within four weeks of the individual's request for supported community living. Standardized functional assessment and/or designated enrollment</p>

				<p>assessment support the need for this service.</p> <p>Funding is limited to 90 days to allow for Medicaid eligibility to be established. If the individual meets the eligibility guidelines in this plan and is not eligible for any other insurance coverage, the service funding may be ongoing.</p> <p>** See additional program participation requirements at the end of this matrix</p> <p>See correlating COA:</p> <p>33-340</p>
Core Domains (IC331.397)	Description	Target Pop. MI/ID CBH/SED	Add'l Pop.	Access Standards
Intensive Residential Services COA 42-329 Other Payers: T19/HCBS	<p>Intensive, community-based services provided 24 hours a day, 7 days a week, 365 days a year to individuals with a severe and persistent mental illness who have functional impairments and may also have multi-occurring conditions. Providers of intensive residential service homes are enrolled with Medicaid as providers of HCBS habilitation or HCBS intellectual disability waiver supported community living and meet additional criteria specified in subrule 25.6(8).</p>	MI		<p>Eligibility Based</p> <p>Service provided within 4 weeks of referral. Service is available within 2 hours from the individual's residence.</p>
Support for Employment				

Prevocational services COA 50-362 Other Payers: T19/HCBS	<p>Services that focus on developing generalized skills that prepare an individual for employment.</p> <p>Prevocational training topics include but are not limited to attendance, safety skills, following directions, benefit planning and staying on task.</p>	MI, ID	DD	<p>Eligibility Based</p> <p>The first unit of service shall take place within 60 days of the individual's request of support for employment.</p> <p>Standardized functional assessment and/or designated enrollment assessment support the need for this service.</p> <p>Funding is limited to 90 days to allow for Medicaid eligibility to be established, if the individual is not eligible for Medicaid the service funding may ongoing.</p>
Core Domains (IC331.397)	Description	Target Pop. MI/ID CBH/SED	Add'l Pop.	Access Standards
Job development COA 50-364 Other Payers: T19/HCBS	<p>Services that assist individuals in preparing for, securing and maintaining gainful, competitive employment.</p> <p>Employment shall be integrated into normalized work settings, shall provide pay of at least minimum wage, and shall be based on the individual's skills, preferences, abilities, and talents. Services assist individuals seeking employment to develop or re-establish skills, attitudes, personal characteristics, interpersonal skills, work behaviors, and functional capacities to achieve positive employment outcomes.</p>	MI, ID	DD	<p>Eligibility Based</p> <p>The first unit of service shall take place within 60 days of the individual's request of support for employment.</p> <p>Standardized functional assessment and/or designated enrollment assessment must support the need for this service.</p> <p>Funding should be sought from Medicaid Waivers and Iowa Department of Vocational Rehabilitation before seeking region funding.</p> <p>Funding is limited to 90 days to allow for Medicaid eligibility to be established. If the individual meets the eligibility guidelines in this plan and is not eligible for Medicaid or not eligible for any other insurance coverage, the service funding may be ongoing.</p>

Day habilitation COA 50-367 Other Payers: T19/HCBS	Services that assist or support the individual in developing or maintaining life skills and community integration. Services shall enable or enhance the individual's functioning, physical and emotional health and development, language and communication development, cognitive functioning, socialization and community integration, functional skill development, behavior management, responsibility and self-direction, daily living activities, self-advocacy skills, or mobility.	MI, ID	DD	Eligibility Based The first unit of service shall take place within 60 days of the individual's request of support for employment. Standardized functional assessment and/or designated enrollment assessment must support the need for this service. Funding is limited to 90 days to allow for Medicaid eligibility to be established. If the individual meets the eligibility guidelines in this plan and is not eligible for Medicaid or not eligible for any other insurance coverage, the service funding may be ongoing.
Core Domains (IC331.397)	Description	Target Pop. MI/ID CBH/SED	Add'l Pop.	Access Standards

Supported employment COA 50-368 Other Payers: T19/HCBS	Services include ongoing supports needed by an individual to acquire and maintain a job in the integrated workforce at or above the state's minimum wage. The outcome of this service is sustained paid employment that meets personal and career goals.	MI, ID	DD	Eligibility Based The first unit of service shall take place within 60 days of the individual's request of support for employment. Standardized functional assessment and/or designated enrollment assessment must support the need for this service. Funding should be sought from Medicaid Waivers and Iowa Department of Vocational Rehabilitation before seeking region funding. Funding is limited to 90 days to allow for Medicaid eligibility to be established. If the individual meets the eligibility guidelines in this plan and is not eligible for Medicaid or not eligible for any other insurance coverage, the service funding may be ongoing.
Core Domains (IC331.397)	Description	Target Pop. MI/ID CBH/SED	Add'l Pop.	Access Standards

Group supported employment COA 50-369 Other Payers: T19/HCBS	Job and training activities in business and industry settings for groups of no more than eight workers with disabilities. Group settings include enclaves, mobile crews, and other business-based workgroups employing small groups of workers with disabilities in integrated, sustained, paid employment.	MI, ID	DD	Eligibility Based The first unit of service shall take place within 60 days of the individual's request of support for employment. Standardized functional assessment and/or designated enrollment assessment must support the need for this service. Funding should be sought from Medicaid Waivers and Iowa Department of Vocational Rehabilitation before seeking region funding. Funding is limited to 90 days to allow for Medicaid eligibility to be established. If the individual meets the eligibility guidelines in this plan and is not eligible for Medicaid or not eligible for any other insurance coverage, the service funding may be ongoing.
Recovery Services				
Family support COA 45-323 Other Payers: T19/HCBS	Services provided by a family support peer specialist that assists the family of an individual to live successfully in the family home or community including, but not limited to, education and information, individual advocacy, family support groups, and crisis response.	MI		Eligibility Based An individual receiving recovery services shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area to receive services.
Core Domains (IC331.397)	Description	Target Pop. MI/ID CBH/SED	Add'l Pop.	Access Standards

Peer support COA 45-366 Other Payers: T19/HCBS	Program provided by a peer support specialist including but not limited to education and information, individual advocacy, family support groups, crisis response, and respite to assist individuals in achieving stability in the community.	MI		Eligibility Based An individual receiving recovery services shall not have to travel more than 30 miles if residing in urban area or 45 miles if residing in rural area to receive services. Offered as part of integrated health home services or through drop-in centers in the region.
Service Coordination				
Case management COA 21-375 Other Payers: T19/HCBS/IHWP/Med. Exempt	Activities designed to help individuals and families develop, locate, access and coordinate a network of supports and services that will allow them to live a full life in the community. Service provided by a case manager who assists individuals in gaining access to needed medical, social, educational, and other services through assessment, development of a care plan, referral, monitoring and follow-up using a strengths-based service approach that helps individuals achieve specific desired outcomes leading to a healthy self-reliance and interdependence with their community.	ID	DD	Eligibility Based An individual shall receive service coordination within 10 days of initial request for such services or being discharged from an inpatient facility. An individual shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area to receive services.
Core Domains (IC331.397)	Description	Target Pop. MI/ID	Add'l Pop.	Access Standards

		CBH/SED		
Health homes COA 24-376 Other Payers: T19/HCBS/IHWP/Med. Exempt	<p>A service model that facilitates access to an interdisciplinary array of medical care, behavioral health care, and community-based social services and supports for both children and adults with chronic conditions. Services may include comprehensive care management; care coordination and health promotion; comprehensive transitional care from inpatient to other settings, including appropriate follow-up; individual and family support, which includes authorized representatives; referral to community and social support services, if relevant; and the use of health information technology to link services, as feasible and appropriate.</p>	MI		<p>Eligibility Based</p> <p>An Individual shall receive service coordination within 10 days of initial request for such services or being discharged from an inpatient facility.</p> <p>An individual shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area to receive services.</p> <p>An integrated health home care coordinator may submit a funding request if an individual does not have Medicaid or the Medicaid application is in process. The IHH care coordinator will be required to submit the functional assessment to the county CDS upon completion. The coordinator of disability services may direct the individual to a provider that can complete a presumptive eligibility determination, i.e. the public health office, Federally Qualified Health Center (FQHC), local hospital in the county.</p> <p>Funding is limited to 90 days to allow for Medicaid eligibility to be established. If the individual meets the eligibility guidelines in this plan and is not eligible for Medicaid or not eligible for any other insurance coverage, the service funding may be ongoing.</p> <p>Non-eligibility Based</p> <p>Up to 60 days when the individual is establishing IHH eligibility.</p>

Core Domains (IC331.397)	Description	Target Pop. MI/ID CBH/SED	Add'l Pop.	Access Standards
Sub-Acute Services				
Subacute services 1-5 beds 63-309 Other Payers: T19/IHWP	<p>The same as defined in Iowa Code section 225C.6(4)“c” and includes both subacute facility-based services and subacute community-based services.</p> <p>(1) A comprehensive set of wraparound services for persons who have had or are at imminent risk of having acute or crisis mental health symptoms that do not permit the persons to remain in or threatens removal of the persons from their home and community, but who have been determined by a mental health professional and a licensed health care professional, subject to the professional’s scope of practice, not to need inpatient acute hospital services. For the purposes of this subparagraph, “<i>mental health professional</i>” means the same as defined in section 228.1 and “<i>licensed health care professional</i>” means a person licensed under chapter 148 to practice medicine and surgery or osteopathic medicine and surgery, an advanced registered nurse practitioner</p>	MI		<p>Eligibility Based</p> <p>Service provided within 24 hours of referral. Service is located within 120 miles of Individual’s residence.</p>

	<p>licensed under chapter 152 or 152E, or a physician assistant licensed to practice under the supervision of a physician as authorized in chapters 147 and 148C.</p> <p>(2) Intensive, recovery-oriented treatment and monitoring of the person with direct or remote access to a psychiatrist or advanced registered nurse practitioner.</p> <p>(3) An outcome-focused, interdisciplinary approach designed to return the person to living successfully in the community.</p> <p>(4) Services that may be provided in a wide array of settings ranging from the person's home to a facility providing subacute mental health services.</p> <p>(5) Services that are time limited to not more than ten days or another time period determined in accordance with rules adopted for this purpose.</p>			
<p>Subacute services</p> <p>6 and over beds</p> <p>64-309</p> <p>Other Payers:</p> <p>T19/IHWP</p>	See Subacute 1 -5 Beds	MI		<p>Eligibility Based</p> <p>Service provided within 24 hours of referral. Service is located within 120 miles of Individual's residence.</p>

Core Domains (IC331.397)	Description	Target Pop. MI/ID CBH/SED	Add'l Pop.	Access Standards
Core Evidence Based Treatment				
Education & Training Services- provider competency COA 04-422	Educational and training services means training related to provider competency in delivering co-occurring integrated services, trauma-informed services and evidence-based practices.	MI, ID	DD	Non-eligibility Based Provider related access standard will be identified in the contract.
Supported housing COA 32-396	A combination of housing and services intended as a cost-effective way to help people live more stable, productive lives; tenancy not predicated on services.	MI		<p>Eligibility Based</p> <p>Standardized functional assessment and/or designated enrollment assessment must support the need for this service</p> <p>Housing must be located in a county within the SEIL Region</p> <p>Must have applied for Social Security Benefits, signed an Interim Assistance Reimbursement with SEIL and submitted a medical exemption for Medicaid if they only have Iowa Health Link.</p> <p>Financial support through the region terminates the month following a Social Security determination approving benefits or the individual is employed and monthly income does not exceed 25% of current federal poverty guidelines.</p> <p>Time limits of funding: through the initial SSA/SSI application, if denied continue support through the first appeal. If the appeal is denied continue support through the 2nd appeal if a disability benefits attorney is involved. If the 2nd appeal is denied funding will terminate the month following the Social Security notice of denial of benefits.</p> <p>Authorizations should be for an initial period not to exceed 3 months and reviewed every 3 months thereafter[JJ2].</p>

				** See additional program participation requirements at the end of this matrix
Core Domains (IC331.397)	Description	Target Pop. MI/ID CBH/SED	Add'l Pop.	Access Standards
Assertive Community Treatment (ACT) COA 42-398 Other Payers: T19/HCBS/Med Exempt	Assertive community treatment is to serve adults with the most severe and persistent mental illness conditions and functional impairments. ACT services provide a set of comprehensive, integrated, intensive outpatient services delivered by a multidisciplinary team under the supervision of a psychiatrist, an advanced registered nurse practitioner, or a physician assistant under the supervision of a psychiatrist.	MI		Eligibility Based A sufficient number of ACT teams shall be available to serve the number of individual's in the region who are eligible for ACT. As a guideline for planning purposes, the ACT eligible population is estimated to be about 0.06% of the adult population of the region.
Family psychoeducation COA 45-373 Other Payers: T19	Services including the provision of emotional support, education, resources during periods of crisis, and problem-solving skills consistent with evidence-based practice standards published by the Substance Abuse and Mental Health Services Administration.	MI		Eligibility Based An individual receiving services shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area to receive services.

Mandated Services	Description	Target Pop MI/ID/CB H/SED	Add'l Pop.	Access Standards
Oakdale COA 46-319	Hospital services provided at Iowa Medical & Classification Center.	MI		Court Order

	commitment under Iowa Code Section 229.			
Mandated Services	Description	Target Pop MI/ID/CBH/SED	Add'l Pop.	Access Standards
Mental health advocates COA 75-395	<p>The Code of Iowa, section 229.19, governs the MH Advocate position.</p> <p>The advocate is assigned to individuals under an involuntary outpatient civil commitment.</p>	MI		Court Order

Additional Core Domains	Description	Target Pop. MI/ID/CBH/SED	Add'l Pop.	Access Standards
Justice system-involved services				
Coordination services COA 25-XXX	<p>Coordination service provided to individuals in justice system.</p> <p>(25-376)</p>	MI, ID	DD	<p>Non-eligibility Based</p> <p>Referral from jail administrator based on initial intake into jail setting.</p>
24 Hour crisis line COA 44-346	<p>24-hour crisis line telephone crisis service program that operates a crisis hotline either directly or through a contract. The service shall be available 24 hours a day and seven days a week including, but not limited to, relief of distress in pre-crisis and crisis situations, reduction of the risk of escalation, arrangements for emergency on-site</p>			

	responses when necessary, and referral of callers to appropriate services.			
Additional Core Domains	Description	Target Pop. MI/ID/ CBH/SED	Add'l Pop.	Access Standards
Warm line COA 44-366	A telephone line staffed by individuals with lived experience who provide nonjudgmental, nondirective support to an individual who is experiencing a personal crisis.			
Mental health services in jail COA 46-305				
Justice system-involved services-other COA 46-399				
Crisis prevention training COA 46-422	Justice system involved services. Educational and training services for law enforcement, first responders, etc. regarding mental health awareness such as Crisis Intervention Training (CIT)	MI, ID	DD	Non-eligibility Based For law enforcement, first responders, etc.
Mental health court related costs COA 46-425				
Civil commitment prescreening evaluation COA 74-301	Evaluations completed prior to commitment with goal to divert individual from commitment process.	MI		Non-eligibility Based Diagnostic evaluation not related to commitment

Additional Core Domains	Description	Target Pop. MI/ID/ CBH/SED	Add'l Pop.	Access Standards
Additional Core Evidence based treatment				
Peer self-help drop-in centers COA 42-366	Consumer operated peer support services provided consistent with EBP standards published by SAMHSA	MI, ID	DD	Eligibility requirements other than being over the age of 18 will not apply for this service. Program that offers a safe, supportive environment within the community for individuals who have experienced mental/emotional problems.
Psychiatric rehabilitation (IPR) COA 42-397	Services designed to restore, improve, or maximize level of functioning, self-care, responsibility, independence, and quality of life; to minimize impairments, disabilities, and disadvantages of people who have a disabling mental illness; and to prevent or reduce the need for services in a hospital or residential setting. Services focus on improving personal capabilities while reducing the harmful effects of psychiatric disability, resulting in an individual's recovering the ability to perform a valued role in society.			

Other Informational Services	Description	Target Pop. MI/ID CBH/SED	Add'l Pop.	Access Standards
Information & referral COA 03-371	Activities designed to remove barriers to meeting identified needs and to provide facts about resources that are available and help to access those resources.	MI, ID, CBH	DD	Non-eligibility Based If provider related an access standard will be identified in the contract.
Planning, consultation and/or early intervention (client related)** COA 04-372	<p>Planning means advisory activities directed to a service provider to assist the provider in delivering service to a specific person. This can include mental health center consultation services.</p> <p>Planning and/or consultation services that are client related.</p> <p>** Early Intervention means services designed to address the social, emotional, and developmental needs of children at their earliest stages to decrease long-term effects and provide support in meeting developmental milestones.</p>	MI, ID, CBH, SED**	DD	<p>Non-eligibility Based</p> <p>**Non-eligibility Based</p> <p><u>A child shall receive early identification services within four weeks of the time the request for such services is made</u></p> <p><u>A child shall receive early intervention services within four weeks of the time the request for such services is made.</u>If provider related an access standard will be identified in the contract.</p>
Provider incentive payment COA 04-377				

Other Informational Services	Description	Target Pop. MI/ID CBH/SED	Add'l Pop.	Access Standards
Planning and management consultants (non-client related) COA 04-429	<p>Planning means advisory activities directed to a service provider to assist the provider in planning, developing, or implementing programs; or in solving management or administrative problems; or addressing other concerns in the provider's own organization. This can include mental health center consultation services.</p> <p>Planning and/or consultation services that are non-client related.</p>	MI, ID	DD	<p>Non-eligibility Based</p> <p>If provider related an access standard will be identified in the contract.</p>
Public education, prevention and education** COA 05-373	<p>Activities provided to increase awareness and understanding of the causes and nature of conditions and situations which affect a person's functioning in society.</p> <p>Services focus on prevention activities, which are designed to convey information about the cause of conditions, situations, or problems that interfere with a person's functioning or convey ways in which the knowledge acquired can be used to prevent their occurrence or reduce their effect.</p> <p>Public awareness activities, which convey</p>	MI, ID, CBH**	DD	<p>Non-eligibility Based</p> <p>**Non-eligibility Based</p> <p><u>Prevention activities shall be carried out at least four times a year.</u></p> <p><u>Education activities shall be carried out at least four times a year.</u>If provider related, an access standard will be identified in the contract.</p>

	<p>information about the abilities and contributions to society of all people; the causes and nature of conditions or situations which interfere with a person's ability to function; and the benefits that providing services and supports have for the community and for the individual. Activities should include educational and informational techniques that promote the person as in integral part of society and eliminate social and legal barriers to that acceptance.</p> <p>**Prevention means efforts to increase awareness and understanding of the causes and nature of conditions or situations which affect an individual's functioning in society. Prevention activities are designed to convey information about the cause of conditions, situation, or problems that interfere with an individual's functioning or ways in which that knowledge can be used to prevent their occurrence or reduce their effect, and may include, but are not limited to, training events, webinars, presentations, and public meetings.</p> <p>**Education services means activities that increase awareness and understanding of the causes and nature of conditions or factors</p>			
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	which affect an individual's development and functioning.			
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Community Living Supports	Description	Target Pop. MI/ID CBH/SED	Add'l Pop.	Access Standards
Academic service COA 06-399				
Services management COA 22-XXX	Activities designed to help individuals and their families identify service needs and coordinate service delivery but which do not constitute case management as defined by the Mental Health and Intellectual Disability Commission.	MI, ID, CBH	DD	Non-eligibility Based Service Coordination: Individuals shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area. Individuals shall receive service coordination within 10 days of initial request for such services or being discharged from an inpatient facility.
Crisis care coordination COA 23-376	Service provided during an acute crisis episode that facilitates working together to organize a plan and service transition programing, including working agreements with inpatient behavioral health units and other community programs. The service shall include referrals to mental health services and other supports necessary to maintain community-based living capacity,	MI		Non-eligibility Based Referral after completion of a crisis evaluation.

	including case management.			
Crisis care coordination other COA 23-399				
Health home other COA 24-399				
Transportation COA 31-XXX				
Community Living Supports	Description	Target Pop. MI/ID CBH/SED	Add'l Pop.	Access Standards
Chore services COA 32-321				
Guardian/conservator COA 32-326				
Representative payee COA 32-327				
CDAC COA 32-335				
Other support COA 32-399				
Mobile meals COA 33-330				
Rent payments (time limited) COA 33-340	Initial rent and utility payments with defined time limits.	MI, ID	DD	<p>Standardized functional assessment and/or designated enrollment assessment must support the need for this service.</p> <p>Rent and utilities at a supported community living habilitation waiver site.</p> <p>Must have applied for Social Security Benefits, signed an Interim Assistance Reimbursement with a county or SEIL.</p> <p>Must have Medicaid, have applied for Medicaid or submitted a medical exemption</p>

				<p>for Medicaid if they only have Iowa Health Link.</p> <p>Financial support through the region terminates the month following a Social Security determination approving benefits or the individual is employed and monthly income does not exceed 25% of current federal poverty guidelines.</p> <p>Authorizations should be for an initial period not to exceed 3 months and reviewed every 3 months thereafter.</p> <p>** See additional program participation requirements at the end of this matrix</p>
Community Living Supports	Description	Target Pop. MI/ID CBH/SED	Add'l Pop.	Access Standards
<p>Ongoing rent subsidy</p> <p>COA 33-345</p>	<p>On-going rent and utility support provided through an organized program, to allow the individual to maintain an affordable home in the community or any payment of rental assistance including General Assistance.</p>	<p>MI, ID</p>	<p>DD</p>	<p>Standardized functional assessment and/or designated enrollment assessment must support the need for this service.</p> <p>Rent and utilities at a supported community living habilitation/ waiver site.</p> <p>Must have applied for Social Security Benefits, signed an Interim Assistance Reimbursement with a county or SEIL</p> <p>Must have Medicaid, have applied for Medicaid or submitted a medical exemption for Medicaid if they only have Iowa Health Link.</p> <p>Financial support through the region terminates the month following a Social Security determination approving benefits or the individual is employed and monthly income does not exceed 25% of current federal poverty guidelines.</p> <p>Authorizations should be for an initial period not to exceed 3 months and reviewed every 3 months thereafter.</p> <p>** See additional program participation requirements at the end of this matrix</p>

Other basic needs COA 33-399				
Physiological outpatient treatment COA 41-305				

Community Living Supports	Description	Target Pop. MI/ID CBH/SED	Add'l Pop.	Access Standards
Prescription meds COA 41-306				
In-home nursing COA 41-307				
Health supplies COA 41-308				
Other physiological treatment COA 41-399				
Partial hospitalization COA 42-309				
Transitional living program COA 42-310				
Day treatment COA 42-363				
Community support programs COA 42-396				
Other psychotherapeutic treatment				

COA 42-399				
Other non-crisis evaluation COA 43-399				
Emergency care COA 44-304				
Other crisis services COA 44-399				
Community Living Supports	Description	Target Pop. MI/ID CBH/SED	Add'l Pop.	Access Standards
Other family and peer support COA 45-399				
Psychiatric medications in jail COA 46-306				
Vocational skills training COA 50-361				
Supported education COA 50-365				
Other vocational and day services COA 50-399				

Community Living Supports	Description	Target Pop. MI/ID CBH/SED	Add'l Pop.	Access Standards
RCF 1-5 beds COA 63-XXX Service Other Payers: T19/IHWP/ Med. Exempt Client participation Other Payers: SSI/SSDI/SSA	<p>Community facility providing care and treatment</p> <p>63-314 License for 1-5 beds.</p> <p>63-315 License for 1-5 beds RCF/MR.</p> <p>63-316 License for 1-5 bed RCF/PMI.</p> <p>The Department of Human Services establishes the State Supplementary Assistance rate for maintenance (client participation) of an individual in a nursing facility or residential care facility.</p>	MI, ID	DD	<p>Standardized functional assessment and/or designated enrollment assessment must support the need for this service and must be provided prior to service authorization.</p> <p>Funding is intended to be time limited to allow for individualized and integrated service eligibility to be established through Medicaid.</p> <p>If the individual does not have a Social Security disability determination they must apply for Social Security Benefits, sign an Interim Assistance Reimbursement with a county or SEIL and submit a medical exemption for Medicaid if they only have Iowa Health Link.</p> <p>Must have Medicaid, have applied for Medicaid or submitted a medical exemption for Medicaid if they only have Iowa Health Link.</p> <p>Financial support through the region terminates the month following a Social Security determination approving benefits or the individual is employed and monthly income does not exceed 25% of current federal poverty guidelines.</p>

				<p>Authorizations should be for an initial period not to exceed 3 months and reviewed every 3 months thereafter.</p> <p>** See additional program participation requirements at the end of this matrix</p>
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Community Living Supports	Description	Target Pop. MI/ID CBH/SED	Add'l Pop.	Access Standards
ICF 1-5 beds COA 63-XXX	(63-317, 63-318)			
SCL -5 beds COA 63-329 Service Other Payers: T19/IHWP/ Med. Exempt Client participation Other Payers: SSI/SSDI/SSA	<p>Supported community living services and supports determined necessary to enable consumers to live and work in a community, and is provided in a licensed RCF facility 1-5 beds. Services are directed to enhancing the consumer's ability to regain or attain higher levels of independence, or to maximize current levels of functioning. SEIL includes Habilitation 24-hour site services in this definition.</p> <p>The Department of Human Services establishes the State Supplementary Assistance rate for maintenance (client participation) of an individual in a nursing</p>	MI, ID	DD	<p>Standardized functional assessment and/or designated enrollment assessment must support the need for this service and must be provided prior to service authorization.</p> <p>Funding is intended to be time limited to allow for individualized and integrated service eligibility to be established through Medicaid.</p> <p>If the individual does not have a Social Security disability determination they must apply for Social Security Benefits, sign an Interim Assistance Reimbursement with a county or SEIL and submit a medical exemption for Medicaid if they only have Iowa Health Link.</p> <p>Must have Medicaid, have applied for Medicaid or submitted a medical exemption for Medicaid if they only have Iowa Health Link.</p> <p>Financial support through the region terminates the month following a Social Security determination approving benefits or the individual is employed and monthly income does not exceed</p>

	facility or residential care facility.			<p>25% of current federal poverty guidelines.</p> <p>Authorizations should be for an initial period not to exceed 3 months and reviewed every 3 months thereafter.</p> <p>** See additional program participation requirements at the end of this matrix</p>
<p>Other 1-5 beds</p> <p>COA 63-399</p>				
<p>Other Congregate Services</p>	Description	<p>Target Pop</p> <p>MI/ID CBH/SED</p>	Add'l Pop	Access Standards
<p>Work services (work activity/sheltered work)</p> <p>COA 50-360</p>				
<p>RCF 6 and over beds</p> <p>COA 64-XXX</p> <p>Service</p> <p>Other Payers:</p> <p>T19/IHWP/ Med. Exempt</p> <p>Client participation</p> <p>Other Payers:</p> <p>SSI/SSDI/SSA</p>	<p>64-314 License for 6 & over beds.</p> <p>64-315 License for RCF/MR 6 & over beds.</p> <p>64-316 License for RCF/PMI 6 & over beds.</p>	MI, ID	DD	<p>Standardized functional assessment and/or designated enrollment assessment must support the need for this service and must be provided prior to service authorization.</p> <p>Funding is intended to be time limited to allow for individualized and integrated service eligibility to be established through Medicaid.</p> <p>If the individual does not have a Social Security disability determination they must apply for Social Security Benefits, sign an Interim Assistance Reimbursement with a county or SEIL and submit a medical exemption for Medicaid if they only have Iowa Health Link.</p> <p>Must have Medicaid, have applied for Medicaid or submitted a medical exemption for Medicaid if they only have Iowa Health Link.</p> <p>Financial support through the region terminates the month following a Social Security determination approving benefits or the individual is employed and monthly income does not exceed 25% of current federal poverty guidelines.</p> <p>Authorizations should be for an initial</p>

				period not to exceed 3 months and reviewed every 3 months thereafter. ** See additional program participation requirements at the end of this matrix
ICF 6 and over beds COA 64-XXX	(64-317, 64-318)			
SCL 6 and over beds COA 64-329				
Other 6 and over beds COA 64-399				

Direct Administration COA 11-XXX	Direct Administration includes expenses necessary to manage the service system. Direct administration is used if county employees perform the administrative duties.	MI, ID, CBH	DD	
Purchased Administration COA 12-XXX	Purchased Administration is used if the county purchases the administrative functions from another entity.	MI, ID, CBH	DD	

Adult Diagnostic Categories

MI-Mentally Ill

ID- Intellectually Disabled

DD- Developmentally Disabled

Children's Diagnostic Categories

CBH- Children's Behavioral Health (non-eligibility based service)

SED- Serious Emotional Disturbance (eligibility based service)

****Additional program participation requirements**

Supported Community Living COA 32-329, SCL-5 Beds COA 63-329 & Client Participation rent and utilities only (no deposits) COA 33-340 and 33-345- If the individual does not have a Social Security disability determination they must

apply for Social Security Benefits, sign an Interim Assistance Reimbursement with a county or SEIL. Must have Medicaid, have applied for Medicaid or submitted a medical exemption for Medicaid if they only have Iowa Health Link.

Diagnostic category 1: The individual must have serious mental illness, which is a mental, behavioral, or emotional disorder a history of multiple suicide attempts, a mental health diagnosis of (Schizophrenia, Psychotic Disorders, Bi-polar, Major Depression, Personality Disorders; along with serious impairments of functioning with an inability to identify and utilize coping skills, no personal support system, no housing options and includes excessive use of emergency settings, inpatient hospitalizations, 23-hour observation or residential crisis services.

Diagnostic category 2: The individual must have an Intellectual Disability resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities, along with serious impairments of functioning with an inability to identify and utilize coping skills, no personal support system and no housing options.

Time limits of funding: An applicant who has an initial SSI claim in process at the time of application for SEIL Funding will be funded until Social Security makes a determination on the claim, if the claim is denied support will continue through the first appeal. If the appeal is denied support will continue through the 2nd appeal if a disability benefits attorney is involved. If the 2nd appeal is denied funding will terminate the month following funding will terminate the month following the Social Security notice of denial of benefits.

An applicant who had an initial SSI claim denied, appealed this denial and received an unfavorable appeal decision, has appealed that decision and disability benefits attorney is involved at the time of application for SEIL funding will be funded until Social Security makes a determination on the appeal. If the 2nd appeal is denied funding will terminate the month following the Social Security notice of denial of benefits.

An applicant who has a SSI claim in appeal and is awaiting an administrative law judge hearing at the time of application for SEIL funding will be funded until the administrative law judge makes a decision on the case. If the administrative law judge upholds the Social Security determination funding will terminate the month following the notice of denial of benefits.

If an applicant has been provided support from SEIL during a SSI claim and was supported through the denial of the initial claim and/or during two appeals the individual is ineligible for SEIL funding for 12 months. If it has been 12 months since SEIL ended and the applicant is filing a new claim with new information to support the claim SEIL may consider authorizing funding during the claim process. An applicant is no longer eligible for SEIL funding if support was provided though two separate attempts to be awarded SSI.

Supported Housing COA 32-396- Must have an integrated health home provider or managed care organization service coordinator.

Supported Housing is only for the benefit of the individual and not their household, spouse, significant other or family.

The individual must have serious mental illness, which is a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities. For the purpose of eligibility for the Supported Housing program this is a complexity of mental health diagnosis (Schizophrenia, Psychotic Disorders, Bi-polar, Major Depression, Personality Disorders; along with serious impairments of functioning with an inability to identify and utilize coping skills, no personal support system, no housing options and includes excessive use of emergency settings, inpatient hospitalizations, 23-hour observation or residential crisis services.

Time limits of funding: An applicant who has an initial SSI claim in process at the time of application for SEIL Funding will be funded until Social Security makes a determination on the claim, if the claim is denied support will continue through the first appeal. If the appeal is denied support will continue through the 2nd appeal if a disability benefits attorney is

involved. If the 2nd appeal is denied funding will terminate the month following the Social Security notice of denial of benefits.

An applicant who had an initial SSI claim denied and appealed the denial at the time of application for SEIL funding will be funded until Social Security makes a determination on the appeal, if the appeal is denied support will continue through the 2nd appeal if a disability benefits attorney is involved. If the 2nd appeal is denied funding will terminate the month following the Social Security notice of denial of benefits.

An applicant who had an initial SSI claim denied, appealed this denial and received an unfavorable appeal decision, has appealed that decision and disability benefits attorney is involved at the time of application for SEIL funding will be funded until Social Security makes a determination on the appeal. If the 2nd appeal is denied funding will terminate the month following the Social Security notice of denial of benefits.

An applicant who has a SSI claim in appeal and is awaiting an administrative law judge hearing at the time of application for SEIL funding will be funded until the administrative law judge makes a decision on the case. If the administrative law judge upholds the Social Security determination funding will terminate the month following the notice of denial of benefits.

If an applicant has been provided support from SEIL during a SSI claim and was supported through the denial of the initial claim and/or during two appeals the individual is ineligible for SEIL funding for 12 months. If it has been 12 months since SEIL ended and the applicant is filing a new claim with new information to support the claim SEIL may consider authorizing funding during the claim process. An applicant is no longer eligible for SEIL funding if support was provided though two separate attempts to be awarded SSI.

Rent Payments (time limited) COA 33-340 and Ongoing Rent Subsidy COA 33-345- SEIL does not pay deposits for client participation when services are provided in a site home. Time limits of funding: An applicant who has an initial SSI claim in process at the time of application for SEIL Funding will be funded until Social Security makes a determination on the claim, if the claim is denied support will continue through the first appeal. If the appeal is denied support will continue through the 2nd appeal if a disability benefits attorney is involved. If the 2nd appeal is denied funding will terminate the month following the Social Security notice of denial of benefits.

An applicant who had an initial SSI claim denied and appealed the denial at the time of application for SEIL funding will be funded until Social Security makes a determination on the appeal, if the appeal is denied support will continue through the 2nd appeal if a disability benefits attorney is involved. If the 2nd appeal is denied funding will terminate the month following the Social Security notice of denial of benefits.

An applicant who had an initial SSI claim denied, appealed this denial and received an unfavorable appeal decision, has appealed that decision and disability benefits attorney is involved at the time of application for SEIL funding will be funded until Social Security makes a determination on the appeal. If the 2nd appeal is denied funding will terminate the month following the Social Security notice of denial of benefits.

An applicant who has a SSI claim in appeal and is awaiting an administrative law judge hearing at the time of application for SEIL funding will be funded until the administrative law judge makes a decision on the case. If the administrative law judge upholds the Social Security determination funding will terminate the month following the notice of denial of benefits.

If an applicant has been provided support from SEIL during a SSI claim and was supported through the denial of the initial claim and/or during two appeals the individual is ineligible for SEIL funding for 12 months. If it has been 12 months since SEIL ended and the applicant is filing a new claim with new information to support the claim SEIL may consider authorizing funding during the claim process. An applicant is no longer eligible for SEIL funding if support was

provided though two separate attempts to be awarded SSI.

RCF 1-5 Beds Client Participation for COA's 63-314, 63-315 & 63-316- The individual must have serious mental illness, which is a mental, behavioral, or emotional disorder a history of multiple suicide attempts, a mental health diagnosis of (Schizophrenia, Psychotic Disorders, Bi-polar, Major Depression, Personality Disorders; along with serious impairments of functioning with an inability to identify and utilize coping skills, no personal support system, no housing options and includes excessive use of emergency settings, inpatient hospitalizations, 23-hour observation or residential crisis services. The individual must have an intellectual disability resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities, along with serious impairments of functioning with an inability to identify and utilize coping skills, no personal support system and no housing options.

SEIL follows State Supplementary Assistance rules for payment of maintenance fees for reserve bed days not to exceed 20 per calendar month for hospitalization and not to exceed 30 days per year for a visit or vacation. If an individual is discharged from the RCF while hospitalized the maintenance payment ends effective the same date as the discharge. SEIL does not pay the service fee when an individual is not in the RCF to receive services unless this is specifically identified in a host county contract or management plan.

Time limits of funding: An applicant who has an initial SSI claim in process at the time of application for SEIL funding will be funded until Social Security makes a determination on the claim, if the claim is denied support will continue through the first appeal. If the appeal is denied support will continue through the 2nd appeal if a disability benefits attorney is involved. If the 2nd appeal is denied funding will terminate the month following the Social Security notice of denial of benefits.

An applicant who had an initial SSI claim denied and is an appeal of the denial at the time of application for SEIL funding will be funded until Social Security makes a determination on the appeal, if the appeal is denied support will continue through the 2nd appeal if a disability benefits attorney is involved. If the 2nd appeal is denied funding will terminate the month following the Social Security notice of denial of benefits.

An applicant who had an initial SSI claim denied, appealed this denial and received an unfavorable appeal decision, has appealed that decision and disability benefits attorney is involved at the time of application for SEIL funding will be funded until Social Security makes a determination on the appeal. If the 2nd appeal is denied funding will terminate the month following the Social Security notice of denial of benefits.

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If an applicant has been provided support from SEIL during a SSI claim and was supported through the denial of the initial claim and/or during two appeals the individual is ineligible for SEIL funding for 12 months. If it has been 12 months since SEIL ended and the applicant is filing a new claim with new information to support the claim SEIL may consider authorizing funding during the claim process. An applicant is no longer eligible for SEIL funding if support was provided though two separate attempts to be awarded SSI.

RCF 6 and Over Beds Client Participation 64-314, 64-315 & 64-316- The individual must have serious mental illness, which is a mental, behavioral, or emotional disorder a history of multiple suicide attempts, a mental health diagnosis of (Schizophrenia, Psychotic Disorders, Bi-polar, Major Depression, Personality Disorders; along with serious impairments of functioning with an inability to identify and utilize coping skills, no personal support system, no housing options and includes excessive use of emergency settings, inpatient hospitalizations, 23-hour observation or residential crisis

services. The individual must have an intellectual disability resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities, along with serious impairments of functioning with an inability to identify and utilize coping skills, no personal support system and no housing options.

SEIL follows State Supplementary Assistance rules for payment of maintenance fees for reserve bed days not to exceed 20 per calendar month for hospitalization and not to exceed 30 days per year for a visit or vacation. If an individual is discharged from the RCF while hospitalized the maintenance payment ends effective the same date as the discharge. SEIL does not pay the service fee when an individual is not in the RCF to receive services unless this is specifically identified in a host county contract or management plan.

An applicant who had an initial SSI claim denied and is an appeal of the denial at the time of application for SEIL funding will be funded until Social Security makes a determination on the appeal, if the appeal is denied support will continue through the 2nd appeal if a disability benefits attorney is involved. If the 2nd appeal is denied funding will terminate the month following the Social Security notice of denial of benefits.

An applicant who had an initial SSI claim denied, appealed this denial and received an unfavorable appeal decision, has appealed that decision and disability benefits attorney is involved at the time of application for SEIL funding will be funded until Social Security makes a determination on the appeal. If the 2nd appeal is denied funding will terminate the month following the Social Security notice of denial of benefits.

An applicant who has a SSI claim in appeal and is awaiting an administrative law judge hearing at the time of application for SEIL funding will be funded until the administrative law judge makes a decision on the case. If the administrative law judge upholds the Social Security determination funding will terminate the month following the notice of denial of benefits.

If an applicant has been provided support from SEIL during a SSI claim and was supported through the denial of the initial claim and/or during two appeals the individual is ineligible for SEIL funding for 12 months. If it has been 12 months since SEIL ended and the applicant is filing a new claim with new information to support the claim SEIL may consider authorizing funding during the claim process. An applicant is no longer eligible for SEIL funding if support was provided though two separate attempts to be awarded SSI.

Core Domains (IC331.397)	Description	Target Pop. MI/ID	Add'l Pop.	Access Standards
Assessment and evaluation COA 43-301	<p>Evaluation (Non-Crisis) is for screening, diagnosis and assessment of individual and family functioning, needs, abilities, and disabilities, and determining current status and functioning, recommendations for services, and need for further evaluations. Evaluations consider the emotional, behavioral, cognitive, psychosocial, and physical information as appropriate and necessary.</p> <p>The clinical review by a mental health professional of the current functioning of the individual using the service in regard to the individual's situation, needs, strengths, abilities, desires and goals to determine the appropriate level of care.</p>	MI, ID	DD	<p>Assessment completed within 90 days of notice of enrollment.</p> <p>Emergency: within 15 minutes of phone contact.</p> <p>Urgent: within 1 hour of presentation or 24 hours of phone contact.</p> <p>Routine: within 4 weeks of request for appointment</p> <p>Outpatient services shall be offered within 30 miles for an individual residing in an urban community and 45 minutes for an individual residing in rural community.</p> <p>Crisis evaluation within 24 hours.</p> <p>Individual who has received inpatient treatment shall be assessed within 4 weeks.</p>
Mental health outpatient therapy COA 42-305	<p>Evaluation and treatment services provided on an ambulatory basis for the target population. Outpatient Services include psychiatric evaluations, medication management and individual, family, and group therapy.</p> <p>In addition, outpatient services shall include specialized outpatient services directed to the following segments of the target population: children, elderly, individuals who have serious and persistent mental illness, and residents of the service area who have been discharged from inpatient treatment at a mental health facility.</p> <p>Outpatient services shall provide elements of diagnosis, treatment, and appropriate follow-up.</p>	MI, ID	DD	<p>Emergency: within 15 minutes of phone contact.</p> <p>Urgent: within 1 hour of presentation or 24 hours of phone contact.</p> <p>Routine: within 4 weeks of request for appointment</p> <p>Outpatient services shall be offered within 30 miles for an individual residing in an urban community and 45 minutes for an individual residing in rural community.</p> <p>Utilization Review: Clinical Evaluation—1 every 12 months Therapy—48 hours per year Group Therapy—16 hours per year</p> <p>Funding is limited to 90 days to allow for Medicaid eligibility to be established. If the individual meets the eligibility guidelines in this plan and is not eligible for Medicaid or not eligible for any other insurance coverage, the service funding may be ongoing.</p>

Core Domains (IC331.397)	Description	Target Pop MI/ID	Add'l Pop.	Access Standards
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Medication prescribing and management COA 42-306	<p>Services with the individual present provided by an appropriately licensed professional as authorized by Iowa law including, but not limited to, determining how medication is affecting the individual; determining any drug interactions or adverse drug effects on the individual; determining the proper dosage level; and prescribing medication for the individual for the period of time before the individual is seen again.</p> <p>Medication management services provided directly to or on behalf of the individual by a licensed professional as authorized by Iowa law including, but not limited to, monitoring effectiveness of and compliance with a medication regimen; coordination with care providers; investigating potentially negative or unintended psychopharmacologic or medical interactions; reviewing laboratory reports; and activities pursuant to licensed prescriber orders.</p>	MI, ID	DD	<p>Emergency: within 15 minutes of phone contact. Urgent: within 1 hour of presentation or 24 hours of phone contact. Routine: within 4 weeks of request for appointment</p> <p>Outpatient services shall be offered within 30 miles for an individual residing in an urban community and 45 minutes for an individual residing in rural community.</p> <p>Outpatient treatment evaluation supports the need for this service.</p> <p>Utilization Review: 12 per year</p> <p>Funding is limited to 90 days to allow for Medicaid eligibility to be established. If the individual meets the eligibility guidelines in this plan and is not eligible for Medicaid or not eligible for any other insurance coverage, the service funding may be ongoing.</p>
<p>Mental health inpatient treatment COA 71-319 State mental health institutes</p> <p>73-319 Other public/private hospitals</p>	<p>Institutional/hospital and commitment services are services provided at a state Mental Health Institutes or State Hospital Schools, in hospital settings, or to people undergoing court commitment process.</p> <p>Inpatient/community hospital is for inpatient expenses incurred at community-based hospitals, either private or public. All inpatient (including less than 24 hours), emergency room charges at admission.</p>	MI, ID	DD	<p>Shall receive treatment within 24 hours.</p> <p>Inpatient services shall be within a reasonably close proximity to the region (100 miles).</p> <p>Acute inpatient mental health services are 24-hour settings that provide services to individuals with acute psychiatric conditions. Primary goal is to provide a comprehensive evaluation, rapidly stabilize acute symptoms, address health and safety needs and develop a comprehensive discharge plan to appropriate level of care.</p> <p>SEIL shall fund at host county/region contractual rate and in the absence of a contract, SEIL shall reimburse at the current Medicaid rate. At State Mental Health Institutes SEIL shall reimburse the fiscal year billing rates established annually by the Department of Human Services.</p> <p>Eligibility requirements will not be assessed in the case of involuntary inpatient hospitalizations.</p>
Core Domains	Description	Target Pop	Add'l Pop.	Access Standards

(IC331.397)		MI/ID		
<p>Personal emergency response system COA 32-322</p>	<p>An electronic device connected to a 24-hour staffed system which allows the individual to access assistance in the event of an emergency.</p>	<p>MI, ID</p>	<p>DD</p>	<p>Twenty-four-hour access to crisis services, 24 hours a day, seven days a week, 365 days per year.</p> <p>Standardized functional assessment and/or designated enrollment assessment must support the need for this service.</p> <p>Funding is limited to 90 days to allow for Medicaid eligibility to be established. If the individual meets the eligibility guidelines in this plan and is not eligible for Medicaid or not eligible for any other insurance coverage, the service funding may be ongoing.</p>
<p>Crisis evaluation COA 44-301</p>	<p>The process used with an individual to collect information related to the individual's history and needs, strengths, and abilities in order to determine appropriate services or referral during an acute crisis episode. This includes crisis screening and evaluation as defined in 441.24.10(225C).</p>	<p>MI, ID</p>	<p>DD</p>	<p>Twenty-four-hour access to crisis services, 24 hours a day, seven days a week, 365 days per year. Crisis evaluation within 24 hours.</p> <p>Present to local community mental health center or local hospital emergency department for assessment within 24 hours.</p> <p>Eligibility requirements will not apply for this service.</p>
<p>Twenty-four-hour crisis response services COA 44-305</p>	<p>Short-term individualized mental health services following a crisis screening or assessment, which are designed to restore the individual to prior functional level.</p>	<p>MI, ID</p>	<p>DD</p>	<p>Twenty-four-hour access to crisis services, 24 hours a day, seven days a week, 365 days per year. Crisis evaluation within 24 hours.</p> <p>Eligibility requirements will not apply for this service.</p>
<p>Home health aide services COA 32-320</p>	<p>Unskilled medical services which provide direct personal care. This service may include assistance with activities of daily living, such as helping the recipient to bathe, get in and out of bed, care for hair and teeth, exercise, and take medications specifically ordered by the physician.</p>	<p>MI, ID</p>	<p>DD</p>	<p>The first unit of service shall occur within four weeks of the individual's request of community for community living.</p> <p>Standardized functional assessment and/or designated enrollment assessment must support the need for this service. Funding is limited to 90 days to allow for Medicaid eligibility to be established. If the individual meets the eligibility guidelines in this plan and is not eligible for Medicaid or not eligible for any other insurance coverage, the service funding may be ongoing.</p>

Core Domains (IC331.397)	Description	Target Pop MI/ID	Add'l Pop.	Access Standards
Respite services COA 32-325	A temporary period of relief and support for individuals and their families provided in a variety of settings. The intent is to provide a safe environment with staff assistance for individuals who lack an adequate support system to address current issues related to a disability. Respite may be provided for a defined period of time; respite is either planned or provided in response to a crisis.	MI, ID	DD	<p>The first unit of service shall occur within four weeks of the individual's request of community for community living.</p> <p>Standardized functional assessment and/or designated enrollment assessment must support the need for this service.</p> <p>Funding is limited to 90 days to allow for Medicaid eligibility to be established. If the individual meets the eligibility guidelines in this plan and is not eligible for Medicaid or not eligible for any other insurance coverage, the service funding may be ongoing.</p>
Home and vehicle modification COA 32-328	Is for physical modifications to the consumer's home environment and/or vehicle which are necessary to provide for the health, welfare, and safety of the individual, and which enable the individual to function with greater independence in the home or vehicle.	MI, ID	DD	<p>The first unit of service shall occur within four weeks of the individual's request of community for community living.</p> <p>Standardized functional assessment and/or designated enrollment assessment support the need for this service.</p> <p>Lifetime limit equal to that established for the HCBS waiver for individuals with intellectual disabilities. Provider payment will be no lower than that provided through the HCBS waiver.</p>

Core Domains (IC331.397)	Description	Target Pop MI/ID	Add'l Pop.	Access Standards
Supported community living COA 32-329 Client participation habilitation and HCBS waiver site COA 33-340	Services provided in a non-institutional setting to adult persons with mental illness or intellectual disability or developmental disabilities to meet the persons' daily living needs.	MI, ID	DD	<p>The first unit of service shall occur within four weeks of the individual's request for supported community living. Standardized functional assessment and/or designated enrollment assessment support the need for this service.</p> <p>Funding is limited to 90 days to allow for Medicaid eligibility to be established. If the individual meets the eligibility guidelines in this plan and is not eligible for any other insurance coverage, the service funding may be ongoing.</p>
Prevocational services COA 50-362	Services that focus on developing generalized skills that prepare an individual for employment. Prevocational training topics include but are not limited to attendance, safety skills, following directions, benefit planning and staying on task.	MI, ID	DD	<p>The first unit of service shall take place within 60 days of the individual's request of support for employment.</p> <p>Standardized functional assessment and/or designated enrollment assessment support the need for this service.</p> <p>Funding is limited to 90 days to allow for Medicaid eligibility to be established, if the individual is not eligible for Medicaid the service funding may ongoing.</p>
Day habilitation COA 50-367 Other vocational and day services COA 50-399	Services that assist or support the individual in developing or maintaining life skills and community integration. Services shall enable or enhance the individual's functioning, physical and emotional health and development, language and communication development, cognitive functioning, socialization and community integration, functional skill development, behavior management, responsibility and self-direction, daily living activities, self-advocacy skills, or mobility.	MI, ID	DD	<p>The first unit of service shall take place within 60 days of the individual's request of support for employment.</p> <p>Standardized functional assessment and/or designated enrollment assessment must support the need for this service.</p> <p>Funding is limited to 90 days to allow for Medicaid eligibility to be established. If the individual meets the eligibility guidelines in this plan and is not eligible for Medicaid or not eligible for any other insurance coverage, the service funding may be ongoing.</p>

Core Domains (IC331.397)	Description	Target Pop MI/ID	Add'l Pop.	Access Standards
Job development COA 50-364	Services that assist individuals in preparing for, securing and maintaining gainful, competitive employment. Employment shall be integrated into normalized work settings, shall provide pay of at least minimum wage, and shall be based on the individual's skills, preferences, abilities, and talents. Services assist individuals seeking employment to develop or re-establish skills, attitudes, personal characteristics, interpersonal skills, work behaviors, and functional capacities to achieve positive employment outcomes.	MI, ID	DD	<p>The first unit of service shall take place within 60 days of the individual's request of support for employment.</p> <p>Standardized functional assessment and/or designated enrollment assessment must support the need for this service.</p> <p>Funding should be sought from Medicaid Waivers and Iowa Department of Vocational Rehabilitation before seeking region funding.</p> <p>Funding is limited to 90 days to allow for Medicaid eligibility to be established. If the individual meets the eligibility guidelines in this plan and is not eligible for Medicaid or not eligible for any other insurance coverage, the service funding may be ongoing.</p>
Individual supported employment COA 50-368	Services include ongoing supports needed by an individual to acquire and maintain a job in the integrated workforce at or above the state's minimum wage. The outcome of this service is sustained paid employment that meets personal and career goals.	MI, ID	DD	<p>The first unit of service shall take place within 60 days of the individual's request of support for employment.</p> <p>Standardized functional assessment and/or designated enrollment assessment must support the need for this service.</p> <p>Funding should be sought from Medicaid Waivers and Iowa Department of Vocational Rehabilitation before seeking region funding.</p> <p>Funding is limited to 90 days to allow for Medicaid eligibility to be established. If the individual meets the eligibility guidelines in this plan and is not eligible for Medicaid or not eligible for any other insurance coverage, the service funding may be ongoing.</p>

Core Domains (IC331.397)	Description	Target Pop MI/ID	Add'l Pop.	Access Standards
Group supported employment COA 50-369	Job and training activities in business and industry settings for groups of no more than eight workers with disabilities. Group settings include enclaves, mobile crews, and other business-based workgroups employing small groups of workers with disabilities in integrated, sustained, paid employment.	MI, ID	DD	<p>The first unit of service shall take place within 60 days of the individual's request of support for employment.</p> <p>Standardized functional assessment and/or designated enrollment assessment must support the need for this service.</p> <p>Funding should be sought from Medicaid Waivers and Iowa Department of Vocational Rehabilitation before seeking region funding.</p> <p>Funding is limited to 90 days to allow for Medicaid eligibility to be established. If the individual meets the eligibility guidelines in this plan and is not eligible for Medicaid or not eligible for any other insurance coverage, the service funding may be ongoing.</p>
Peer family support COA 45-323 Peer support services COA 45-366 Family psychoeducation COA 45-373	<p>Services provided by a family support peer specialist that assists the family of an individual to live successfully in the family home or community including, but not limited to, education and information, individual advocacy, family support groups, and crisis response.</p> <p>Program provided by a peer support specialist including but not limited to education and information, individual advocacy, family support groups, crisis response, and respite to assist individuals in achieving stability in the community.</p> <p>Services including the provision of emotional support, education, resources during periods of crisis, and problem solving skills consistent with evidence-based practice standards published by</p>	MI, ID	DD	<p>An individual receiving recovery services shall not have to travel more than 30 miles if residing in urban area or 45 miles if residing in rural area to receive services.</p> <p>Offered as part of integrated health home services or through drop-in centers in the region.</p>

	the Substance Abuse and Mental Health Services Administration.			
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Core Domains (IC331.397)	Description	Target Pop MI/ID	Add'l Pop.	Access Standards
Coordination services and Case management COA 21-375	<p>Activities designed to help individuals and families develop, locate, access and coordinate a network of supports and services that will allow them to live a full life in the community.</p> <p>Service provided by a case manager who assists individuals in gaining access to needed medical, social, educational, and other services through assessment, development of a care plan, referral, monitoring and follow-up using a strengths-based service approach that helps individuals achieve specific desired outcomes leading to a healthy self-reliance and interdependence with their community.</p>	MI, ID	DD	<p>—An individual shall receive service coordination within 10 days of initial request for such services or being discharged from an inpatient facility.</p> <p>An individual shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area to receive services.</p>
Health homes coordination COA 24-376	<p>A service model that facilitates access to an interdisciplinary array of medical care, behavioral health care, and community-based social services and supports for both children and adults with chronic conditions. Services may include comprehensive care management; care coordination and health promotion; comprehensive transitional care from inpatient to other settings, including appropriate follow-up; individual and family support, which includes authorized representatives; referral to community and social support services, if relevant; and the use of health information technology to link services, as feasible and appropriate.</p>	MI, ID	DD	<p>An Individual shall receive service coordination within 10 days of initial request for such services or being discharged from an inpatient facility.</p> <p>An individual shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area to receive services.</p> <p>An integrated health home care coordinator may submit a funding request if an individual does not have Medicaid or the Medicaid application is in process. The IHH care coordinator will be required to submit the functional assessment to the county CDS upon completion. The coordinator of disability services may direct the individual to a provider that can complete a presumptive eligibility determination, i.e. the public health office, Federally Qualified Health Center (FQHC), local hospital in the county.</p> <p>Funding is limited to 90 days to allow for Medicaid eligibility to be established. If the individual meets the eligibility guidelines in this plan and is not eligible for</p>

				Medicaid or not eligible for any other insurance coverage, the service funding may be ongoing.
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Core Domains (IC331.397)	Description	Target Pop MI/ID	Add'l Pop.	Access Standards
Justice system- involved services COA 46-319 Mandated Service	Hospital services provided at Iowa Medical & Classification Center.	MI, ID	DD	Court Order
State resource centers COA 72-319 Mandated Service	Inpatient is for per diem charges at Resource Centers Glenwood and Woodward.	ID	DD	Standardized functional assessment and/or designated enrollment assessment must support the need for this service and must be provided prior to service authorization. If the individual meets the eligibility guidelines in this plan and is not eligible for Medicaid or not eligible for any other insurance coverage, the service funding may be ongoing.
Additional Core Domains	Description	Target Pop MI/ID	Add'l Pop	Access Standards
Commitment Related	Court ordered services related to mental health commitments.	MI, ID	DD	Court order Eligibility requirements will not apply to these domains.
Evaluations COA 74-300	Diagnostic evaluations related to commitment used when an evaluation is performed related to a commitment under Iowa Code Section 229.			
Sheriff transport COA 74-353	Used when transportations is provided related to a commitment under Iowa Code Section 229.			
Legal representation COA 74-393	Used when legal services are provided related to a commitment under Iowa Code Section 229.			Attorney Fees will be paid at the amount established in IAC 815.7(4).
Mental health advocates COA 75-395	The Code of Iowa, section 229.19, governs the MH Advocate position. The advocate is assigned to individuals under an involuntary outpatient civil commitment.			
Services management COA 22 this is broken into 100- 104 and 110-117 and 376 and 399	Activities designed to help individuals and their families identify service needs and coordinate service delivery but which do not constitute case management as defined by the	MI, ID	DD	Service Coordination: Individuals shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area. Individuals shall receive service coordination within 10

	Mental Health and Intellectual Disability Commission.			days of initial request for such services or being discharged from an inpatient facility.
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Additional Core Domains	Description	Target Pop MI/ID	Add'l Pop	Access Standards
Crisis care coordination COA 23-376	Service provided during an acute crisis episode that facilitates working together to organize a plan and service transition programming, including working agreements with inpatient behavioral health units and other community programs. The service shall include referrals to mental health services and other supports necessary to maintain community-based living capacity, including case management.	MI, ID	DD	Referral after completion of a crisis evaluation. Eligibility requirements will not apply for this service.
Justice system involved coordination COA 25-376	Service provided to individuals in in justice system.	MI, ID	DD	Referral from jail administrator based on initial intake into jail setting. Eligibility requirements will not apply for this service.
Justice system involved Crisis Intervention Training (CIT) COA 46-422	Justice system involved services educational and training services safety training for law enforcement, first responders, etc. regarding mental health awareness such as Crisis Intervention Training (CIT)	MI, ID	DD	Eligibility requirements will not apply for this service.
Community Support Program (permanent supported housing) COA 32-396	A combination of housing and services intended as a cost-effective way to help people live more stable, productive lives; tenancy not predicated on services.	MI, ID	DD	Standardized functional assessment and/or designated enrollment assessment must support the need for this service Housing must be located in a county within the SEIL Region Must have applied for Social Security Benefits, signed an Interim Assistance Reimbursement with SEIL and submitted a medical exemption for Medicaid if they only have Iowa Health Link. Financial support through the region terminates the month following a Social Security determination approving benefits or the individual is employed and monthly income does not exceed 25% of current federal poverty guidelines. Time limits of funding: through the initial SSA/SSI application, if denied continue support through the first appeal. If the appeal is denied continue support through the 2 nd appeal if a disability benefits attorney is involved. If

				<p>the 2nd appeal is denied funding will terminate the month following the Social Security notice of denial of benefits.</p> <p>Authorizations should be for an initial period not to exceed 3 months and reviewed every 3 months thereafter.</p>
Additional Core Domains	Description	Target Pop MI/ID	Add'l Pop	Access Standards
<p>Basic needs rent payments</p> <p>Rent Payments COA 33-340</p> <p>Ongoing rent subsidy COA 33-345</p> <p>Other COA 33-399</p>	<p>Initial rent payments with defined time limits.</p> <p>On-going rent support provided through an organized program, to allow the individual to maintain an affordable home in the community or any payment of rental assistance including General Assistance.</p> <p>Used for other basic need. Includes payment for room and board homes, personal needs allowances.</p>	MI, ID	DD	<p>Standardized functional assessment and/or designated enrollment assessment must support the need for this service.</p> <p>Support and rent at a supported community living habilitation waiver site.</p> <p>Housing must be located in a county within the SEIL Region.</p> <p>Must have applied for Social Security Benefits, signed an Interim Assistance Reimbursement with a county or SEIL and submitted a medical exemption for Medicaid if they only have Iowa Health Link.</p> <p>Financial support through the region terminates the month following a Social Security determination approving benefits or the individual is employed and monthly income does not exceed 25% of current federal poverty guidelines.</p> <p>Time limits of funding: through the initial SSA/SSI application, if denied continue support through the first appeal. If the appeal is denied continue support through the 2nd appeal if a disability benefits attorney is involved. If the 2nd appeal is denied funding will terminate the month following the Social Security notice of denial of benefits.</p> <p>Authorizations should be for an initial period not to exceed 3 months and reviewed every 3 months thereafter.</p>
Community-based crisis stabilization Services COA 44-312	Services provided in community-based settings to de-escalate and stabilize an individual following a mental health crisis.	MI, ID	DD	<p>Requires a crisis evaluation to determine level of care</p> <p>Eligibility requirements will not apply for this service.</p> <p>Time limit for funding is maximum of 6 weeks.</p>
Residential crisis stabilization services COA 44-313	Services provided in short-term non-community based residential settings to de-escalate and stabilize a mental health crisis.	MI, ID	DD	Requires a crisis evaluation to determine level of care. This evaluation must be completed by a provider who is contracted by the region to complete crisis evaluations.

				<p>Eligibility requirements other than being a resident from a county in the SEIL region will not apply for this service.</p> <p>Time limit for funding is maximum of 6 weeks.</p>
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Additional Core Domains	Description	Target Pop MI/ID	Add'l Pop	Access Standards
Social support services/peer drop-in COA 42-366	Social support services i.e. Drop in-Centers and Clubhouse Centers.	MI, ID	DD	<p>Eligibility requirements other than being over the age of 18 will not apply for this service.</p> <p>Program that offers a safe, supportive environment within the community for individuals who have experienced mental/emotional problems.</p>
24 Hour crisis line COA 44-346	24 hour crisis line telephone crisis service program that operates a crisis hotline either directly or through a contract. The service shall be available 24 hours a day and seven days a week including, but not limited to, relief of distress in pre-crisis and crisis situations; reduction of the risk of escalation; arrangements for emergency on-site responses when necessary; and referral of callers to appropriate services.	MI, ID	DD	<p>Available 24 hours a day and seven days a week.</p> <p>Eligibility requirements will not apply for this service.</p>

Additional Core Domains	Description	Target Pop MI/ID	Add'l Pop	Access Standards
Residential care facilities	Community facility providing care and treatment	MI, ID	DD	Standardized functional assessment and/or designated enrollment assessment must support the need for this service and must be provided prior to service authorization.
COA 63-314 Client participation COA 63-314	License for 1-5 beds.			
COA 63-315 Client participation COA 63-315	License for 1-5 beds RCF/MR.			Funding is intended to be time limited to allow for individualized and integrated service eligibility to be established through Medicaid.
COA 63-316 Client participation COA 63-316	License for 1-5 bed RCF/PMI.			
COA 64-314 Client participation COA 64-314	License for 6 & over beds.			If the individual does not have a Social Security disability determination they must apply for Social Security Benefits, sign an Interim Assistance Reimbursement with a county or SEIL and submit a medical exemption for Medicaid if they only have Iowa Health Link.
COA 64-315 Client participation COA 64-315	License for RCF/MR 6 & over beds.			
COA 64-316 Client participation COA 64-316	License for RCF/PMI 6 & over beds.			Financial support through the region terminates the month following a Social Security determination approving benefits or the individual is employed and monthly income does not exceed 25% of current federal poverty guidelines.
COA 63-329 Client participation for RCF COA (1-6 bed) 63-329 for Habilitation COA 33-340	Supported community living services and supports determined necessary to enable consumers to live and work in a community, and is provided in a licensed RCF facility 1-5 beds. Services are directed to enhancing the consumer's ability to regain or attain higher levels of independence, or to maximize current levels of functioning. SEIL includes Habilitation 24-hour site services in this definition.			Time limits of funding: through the initial SSA/SSI application, if denied continue support through the first appeal. If the appeal is denied continue support through the 2 nd -appeal if a disability benefits attorney is involved. If the 2 nd -appeal is denied funding will terminate the
COA 64-329 Client Participation for RCF COA (6 & over) 64-329 for Habilitation COA 33-340	The Department of Human Services establishes the State Supplementary Assistance rate for			

	maintenance (client participation) of an individual in a nursing facility or residential care facility.			month following the Social Security notice of denial of benefits. -Authorizations should be for an initial period not to exceed 3 months and reviewed every 3 months thereafter.
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Additional Core Domains	Description	Target Pop MI/ID	Add'l Pop	Access Standards
Information; referral services COA-03-371	Activities designed to remove barriers to meeting identified needs and to provide facts about resources that are available and help to access those resources.	MI, ID	DD	If provider related an access standard will be identified in the contract.
Consultation COA-04-372 COA-04-422 COA-04-429	Means advisory activities directed to a service provider to assist the provider in delivering service to a specific person, or advisory activities directed to a service provider to assist the provider in planning, developing, or implementing programs; or in solving management or administrative problems; or addressing other concerns in the provider's own organization. This can include mental health center consultation services. Planning and/or consultation services that are client related. Educational and training services means training related to provider competency in delivering co-occurring integrated services; trauma informed services and evidence based practices. Planning and management consultant's non-client related.			

Additional Core Domains	Description	Target Pop MI/ID	Add'l Pop	Access Standards
Public education services COA-05-373	Activities provided to increase awareness and understanding of the causes and nature of conditions and situations which affect a person's functioning in society. Services focus on prevention activities, which are designed to convey information about the cause of conditions, situations, or problems that interfere with a person's functioning or convey ways in which the knowledge acquired can be used to prevent their occurrence or reduce their effect. Public awareness activities, which convey information about the abilities and contributions to society of all people; the causes and nature of conditions or situations which interfere with a person's ability to function; and the benefits that providing services and supports have for the community and for the individual. Activities should include educational and informational techniques that promote the person as an integral part of society and eliminate social and legal barriers to that acceptance.	MI, ID	DD	If provider related an access standard will be identified in the contract.
Homemaker services	Homemaking and personal care services.			Currently not funded by Region.
Prescription medicine	Prescription psychiatric medications for persons having a mental health diagnosis.			Currently not funded by Region.
Transportation	Transportation to day habilitation and vocational programs.			Currently not funded by Region. Individuals will be encouraged to use their personal funds to acquire transportation, which is made available to the general

				public/community at a discounted rate via regional transit authorities (i.e.: personal needs account fund to purchase monthly bus pass/transportation)-
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Attachment C- Charter Document

Draft Charter Document for Welcoming, Trauma-Informed, Integrated Services within Southeast Iowa Link (SEIL) September 11, 2014

Southeast Iowa Link is partnering with its Stakeholders, including Boards of Supervisors, County Coordinators of Disability Services (CDS), partner county agencies (e.g., hospitals, jails), Mental Health (MH), Intellectual Disabilities (ID), and Substance Abuse(SA) service providers, as well as individuals and families, to create an integrated regional system with the following Mission, Vision, and Values:

MISSION: Collaborate with our partners to provide welcoming integrated and individualized services that create opportunities to improve lives.

VISION: Our system will facilitate accessible, high quality, and comprehensive services to people and families with multiple issues in their lives. We will be welcoming, hopeful, & helpful in providing integrated services to people who have complex MH/SA/DS challenges, including trauma, so that more people can get help in a single door, and fewer people fall through the cracks.

VALUES: Welcoming, Service to People, Continuity of Services, High Quality Services, Multi-occurring Capable, Trauma-Informed, Strength Based, Person Centered, Openness, Local Access, Interagency Mutual Support, Accountability, Accepting/Non-Judgmental, Addressing the Whole Person (needs and strengths), Personal Choice, Access to Resources, Prevention, Advocacy, Community Integration, Address Gaps in Services, and Empowerment.

In order to organize the SEIL region to achieve this mission and vision, the SEIL administrative team will take the following steps:

1. Formalize and disseminate this charter document as region policy, and append to the management plan.
2. Develop a representative Governing Board, ~~Advisory Board~~Advisory Committees, Regional Change Agent Team, and a Team of Champions representing front line staff and service recipients.
3. Define the roles of each group so there is a clear transparent decision making process
4. Identify working committees which report to the above structure, starting with the Crisis Committee working on a regional crisis continuum.
5. Develop a welcoming policy for the Region, including welcoming not only complex individuals, but each provider welcoming the others as priority partners.

6. Encourage existing and new programs to use the COMPASS-EZ and IA-MOST to make progress toward welcoming, recovery oriented trauma informed, multi-occurring capability
7. Support the development of shared responsibility and partnership planning for complex individuals in crisis, and complex clients who need to transition from institutional to community settings to better utilize available resources.
8. Organize Technical Assistance, consultation, and training for provider partners, front line staff, and champions.

Each key partner service agency (including County Coordinators of Disability Services) agrees to take the following steps to make progress:

1. Formally commit to using the vision and steps in the Charter to make change throughout their organization, including all programs becoming trauma informed and multi-occurring capable.
2. Organize an internal change team (Continuous Quality Improvement (CQI) Team), with a change leader, and champions, from each program
3. Send a change leader representative to Change Agent Team meetings, ~~Advisory Board~~Advisory Committees meetings, or other workgroups as indicated, and participate in making a positive change in the SEIL region.
4. Utilize the Compass tool(s) (or IA-MOST) in the organization's programs to set baseline.
5. Develop measurable action plans based on the tools, working on welcoming, access, and so on, as listed below, and identifying opportunities for implementing or improving use of Evidence-Based Practice.
6. Support efforts to have staff (especially on the Team of Champions) work across boundaries to form partnerships with each other to positively impact the lives of persons served in the region.
7. Measure progress in outcomes and performance measures related to:
 - Welcoming Access to Services
 - Identifying Hope and Progress for a Successful Life in the Community
 - Person-Centeredness and Strength-Based Service Delivery
 - Multi-Occurring Capability (MH/ID/SA, etc.)
 - Integration of Health and Wellness
 - Quality of Life and Safety, including shared development of crisis response
 - Engagement of Family and Natural Supports
 - Competency of ALL staff in implementing value-based practice
 - System Evaluation Measures, as they are developed and defined collectively

(Refer to "Quality Management and Improvement" section of the SEIL Management Plan for more information).

Attachment D- Glossary

Glossary

DEFINITIONS

Access Point – is a SEIL county service office where applications are received and reviewed for eligibility determination.

Applicant -- an individual who applies to receive funding for services and supports from the service system.

Appellant – a person who applies to a higher administrative level or court for a reversal of a decision.

Assessment and Evaluation -- a service as defined in 441-25.1.

Assertive Community Treatment – a program of comprehensive outpatient services provided in the community directed toward the amelioration of symptoms and the rehabilitation of behavioral, functional, and social deficits of individuals with severe and persistent mental disorders and individuals with complex symptomology who require multiple mental health and supportive services to live in the community consistent with evidence-based practice standards published by the Substance Abuse and Mental Health Services Administration.

Assistive Technology Account -- funds in contracts, savings, trust or other financial accounts, financial instruments, or other arrangements with a definite cash value that are set aside and designated for the purchase, lease, or acquisition of assistive technology, assistive technology services, or assistive technology devices. Assistive technology accounts must be held separately from other accounts. Funds must be used to purchase, lease, or otherwise acquire assistive technology services or devices for a working individual with a disability. Any withdrawal from an assistive technology account other than for the designated purpose becomes a countable resource.

Authorized Representative -- a person designated by the individual or by Iowa law to act on the individual's behalf in specified affairs to the extent prescribed by law.

Brain Injury (BI) means clinically evident damage to the brain resulting directly or indirectly from trauma, infection, anoxia, vascular lesions or tumor of the brain, not primarily related to degenerative or aging processes, which temporarily or permanently impairs a person's physical, cognitive, or behavioral functions. Iowa Administrative Code 83.81.

The person must have a diagnosis from the following list:

- Malignant neoplasms of brain, cerebrum.
- Malignant neoplasms of brain, frontal lobe.
- Malignant neoplasms of brain, temporal lobe.
- Malignant neoplasms of brain, parietal lobe.
- Malignant neoplasms of brain, occipital lobe.

Malignant neoplasms of brain, ventricles.
 Malignant neoplasms of brain, cerebellum.
 Malignant neoplasms of brain, brain stem.
 Malignant neoplasms of brain, other part of brain, includes midbrain, peduncle, and medulla oblongata.
 Malignant neoplasms of brain, cerebral meninges.
 Malignant neoplasms of brain, cranial nerves.
 Secondary malignant neoplasm of brain.
 Secondary malignant neoplasm of other parts of the nervous system, includes cerebral meninges.
 Benign neoplasm of brain and other parts of the nervous system, brain.
 Benign neoplasm of brain and other parts of the nervous system, cranial nerves.
 Benign neoplasm of brain and other parts of the nervous system, cerebral meninges.
 Encephalitis, myelitis and encephalomyelitis.
 Intracranial and intraspinal abscess.
 Anoxic brain damage.
 Subarachnoid hemorrhage.
 Intracerebral hemorrhage.
 Other and unspecified intracranial hemorrhage.
 Occlusion and stenosis of precerebral arteries.
 Occlusion of cerebral arteries.
 Transient cerebral ischemia.
 Acute, but ill-defined, cerebrovascular disease.
 Other and ill-defined cerebrovascular diseases.
 Fracture of vault of skull.
 Fracture of base of skull.
 Other and unqualified skull fractures.
 Multiple fractures involving skull or face with other bones.
 Concussion.
 Cerebral laceration and contusion.
 Subarachnoid, subdural, and extradural hemorrhage following injury.
 Other and unspecified intracranial hemorrhage following injury.
 10/2/13 Human Services [441] Ch. 83, p.27
 Intracranial injury of other and unspecified nature.
 Poisoning by drugs, medicinal and biological substances.
 Toxic effects of substances.
 Effects of external causes.
 Drowning and nonfatal submersion.
 Asphyxiation and strangulation.
 Child maltreatment syndrome.
 Adult maltreatment syndrome.

Case Management -- service provided by case manager who assists individuals in gaining access to needed medical, social, educational, and other services thru assessment, development of a care plan, referral, monitoring and follow-up using a strength-based service approach that helps individuals achieve specific desired outcomes leading to a healthy self-reliance and interdependence with their community.

Case Manager -- a person who has completed specified and required training to provide case management thru the medical assistance program or the Iowa Behavioral Health Care Plan.

Chief Executive Officer (CEO) -- the individual chosen and supervised by the governing board who serves as the single point of accountability for the mental health and disability services region.

Child or Children - means a person or persons under eighteen years of age.

Children's Behavioral Health Services - means behavioral health services for children who have a diagnosis of serious emotional disturbance.

Children's Behavioral Health System or Children's System - means the behavioral health system for children implemented pursuant to Iowa Code Chapter 225C.

Community Services Network (CSN) -- the SEIL Management Information System (MIS).

Coordinator of Children's Behavioral Health Services - means a member of the regional administrative entity

staff who meets the requirements described in Iowa Code section 331.390(3)“b” and is responsible for coordinating behavioral health services for children.

331.390(3) “b” The regional administrator staff shall include one or more coordinators of mental health and disability services and one or more coordinators of children’s behavioral health services. A coordinator shall possess a bachelor’s or higher level degree in a human services-related or administration-related field, including but not limited to social work, psychology, nursing, or public or business administration, from an accredited college or university. However, in lieu of a degree in public or business administration, a coordinator may provide documentation of relevant management experience. An action of a coordinator involving a clinical decision shall be made in conjunction with a professional who is trained in the delivery of the mental health or disability service or children’s behavioral health service addressed by the clinical decision. The regional administrator shall determine whether referral to a coordinator of mental health and disability services or children’s behavioral health services is required for a person or child seeking to access a service through a local access point of the regional service system or the children’s behavioral health system.

Countable Household Income - shall mean earned and unearned income of the family of a child according to the modified adjusted gross income methodology.

County Service Coordinator – members of an organization’s management team who work to match clients with appropriate services. Service coordinators typically spend part of their time in an office environment and part of their time in the field meeting with clients.

Crisis Evaluation -- the process used with an individual to collect information related to the individual’s history and needs, strengths, and abilities in order to determine appropriate services or referral during an acute crisis episode.

Choice -- the individual or authorized representative chooses the services, supports, and goods needed to best meet the individual’s goals and accepts the responsibility and consequences of those choices.

Clear lines of Accountability -- the structure of the governing board’s organization makes it evident that the ultimate responsibility for the administration of the non-Medicaid funded mental health and disability services lies with the governing board and that the governing board directly and solely supervises the organization’s chief executive officer.

Community -- an integrated setting of an individual’s choice.

Coordinator of Disability Services -- as defined in Iowa Code 331.390.3.b a coordinator shall possess a bachelor’s or higher level degree in a human services-related or administration-related field, including but not limited to social work, psychology, nursing or public or business administration, from an accredited college or university. However, in lieu of a degree in public or business administration, a coordinator may provide documentation of relevant management experience.

Countable Resource – means all liquid and non-liquid assets owned in part or in whole by the individual household that could be converted to cash to use for support and maintenance and that the individual household is not legally restricted from using for support and maintenance.

County of Residence -- means the county in this state in which, at the time a person applies for or receives services, the person is living and has established an ongoing presence with the declared, good faith intention of living in the county for a permanent or indefinite period of time. The county of residence of a person who is a homeless person is the county where the homeless person usually sleeps. A person maintains residency in the county in which the person last resided while the person is present in another county receiving services in a hospital, a correctional facility, a halfway house for community-based corrections or substance-related treatment, a nursing facility, an intermediate care facility for persons with an intellectual disability, or a residential care facility, or for the purpose of attending a college or university.

Day Habilitation -- Services that assist or support the individual in developing or maintaining life skills and community integration. Services shall enable or enhance the individual’s functioning, physical and emotional health and development, language and communication development, cognitive functioning, socialization and

community integration, functional skill development, behavior management, responsibility and self-direction, daily living activities, self-advocacy skills, or mobility.

Early Identification - means the process of detecting developmental delays or untreated conditions that may indicate the need for further evaluation.

Early Intervention - means services designed to address the social, emotional, and developmental needs of children at their earliest stages to decrease long-term effects and provide support in meeting developmental milestones.

Education Services - means activities that increase awareness and understanding of the causes and nature of conditions or factors which affect an individual's development and functioning.

Emergency Service – any healthcare service provided to evaluate and/or treat any medical condition such that a prudent lay-person possessing an average knowledge of medicine and health, believes that immediate unscheduled medical care is required.

Empowerment -- that the service system ensures the rights, dignity, and ability of individuals and their families to exercise choices, take risks, provide input, and accept responsibility.

Evidence-based Services – using interventions that have been rigorously tested, have yielded consistent, replicable results, and have proven safe, beneficial, and effective and have established standards for fidelity of the practice.

Exempt Resource -- a resource that is disregarded in the determination of eligibility for public funding assistance and in the calculation of client participation amounts.

Family Psychoeducation – services including the provision of emotional support, education, resources during periods of crisis, and problem-solving skills consistent with evidence-based practice standards published by the Substance Abuse and Mental Health Services Administration.

Family Support -- Services provided by a family support peer specialist that assists the family of an individual to live successfully in the family home or community including, but not limited to, education and information, individual advocacy, family support groups, and crisis response.

Federal Poverty Level - means the most recently revised annual poverty income guidelines published in the Federal Register by the United States Department of Health and Human Services.

Fidelity Scales – a tool to enable evaluators to examine/measure how closely a specific program adheres to the essential components of a model for evidence-based practice.

Functional Assessment – means the analysis of daily living skills. The functional assessment takes into account the strengths, the stated needs and level and kind of disability of the individual using the service.

Gross Income -- all gross income received by the individual's household, including but not limited to wages, income from self-employment, retirement benefits, disability benefits, dividends, annuities, unemployment compensation, alimony, child support, investment income, rental income, and income from trust funds.

Health Home -- A service model that facilitates access to an interdisciplinary array of medical care, behavioral health care, and community-based social services and supports for both children and adults with chronic conditions. Services may include comprehensive care management; care coordination and health promotion; comprehensive transitional care from inpatient to other settings, including appropriate follow-up; individual and family support, which includes authorized representatives; referral to community and social support services, if relevant; and the use of health information technology to link services, as feasible and appropriate.

Health Maintenance Organization – means any person who: *a. Provides either directly or through arrangements with others, health care services to enrollees on a fixed prepayment basis; b. Provides either directly or through arrangements with other persons for basic health care services; and, c. Is responsible for the availability, accessibility and quality of the health care services provided or arranged.*

Home and Community Based Waiver Programs -- are programs that allow the state to access Medicaid funding (through a waiver) to develop and implement an array of community based services. The services offered through each waiver program must meet the public standards of the health, safety, and welfare of the consumers. These services are directed to Medicaid Eligible persons who require a level of care previously provided only in a hospital or nursing facility. The waiver programs offer services beyond what are available

through the regular Medicaid Program. Currently there are six (6) Waiver programs in the state of Iowa, they are:

HCBS AIDS/HIV Waiver

HCBS Brain Injury Waiver

HCBS Elderly Waiver

HCBS Ill and Handicapped Waiver

HCBS Intellectual Disability Waiver

HCBS Physical Disability Waiver

Home and Vehicle Modification -- A service that provides physical modifications to the home or vehicle that directly address the medical health or remedial needs of the individual that are necessary to provide for the health, welfare, and safety of the member and to increase or maintain independence.

Home Health Aid -- Unskilled medical services which provide direct personal care. This service may include assistance with activities of daily living, such as helping the recipient to bathe, get in and out of bed, care for hair and teeth, exercise, and take medications specifically ordered by the physician.

Homeless Person -- a person who lacks a fixed, regular, and adequate nighttime residence and who has a primary nighttime residence that is one of the following: a. A supervised publicly or privately operated shelter designed to provide temporary living accommodations. b. An institution that provides a temporary residence for persons intended to be institutionalized. c. A public or private place not designed for, ordinarily used as, a regular sleeping accommodation for human beings.

Household -- for an individual who is 18 years of age or over, the individual, the individual's spouse or domestic partner, and any children, step-children, or wards under the age of 18 who reside with the individual. For an individual under the age of 18, household -- the individual, the individual's parents (or parent and domestic partner), step-parents or guardians, and any children, step-children, or wards under the age of 18 of the individual's parents (or parent and domestic partner), step-parents, or guardians who reside with the individual.

Illness Management and Recovery -- a broad set of strategies designed to help individuals with serious mental illness collaborate with professionals, reduce the individuals' susceptibility to the illness, and cope effectively with the individuals' symptoms consistent with evidence-based practice standards published by the Substance Abuse and Mental Health Services Administration.

~~**Income** -- all gross income received by the individual's household, including but not limited to wages, income from self-employment, retirement benefits, disability benefits, dividends, annuities, unemployment compensation, alimony, child support, investment income, rental income, and income from trust funds.~~

Indicator -- means conditions that will exist when the activity is done competently and benchmarks are achieved. Indicators also provide a means to assess the activity's effect on outcomes of services.

Individual -- any person seeking or receiving services in a regional service system.

Individualized Services -- services and supports that are tailored to meet the personalized needs of the individual.

Integrated Health Home (IHH) -- a free, voluntary service for people of all ages with Title 19 or Medicaid insurance. IHH provides supportive services and coordination to individuals in the community.

IHH Care Coordinator -- a member of the health home provider responsible for assisting members with medication adherence, appointments, referral scheduling, tracking follow-up results from referrals, understanding health insurance coverage, reminders, transition of care, wellness education, health support and/or lifestyle modification, and behavior changes.

Integrated Treatment for Co-occurring Substance Abuse and Mental Health -- effective dual diagnosis programs that combine mental health and substance abuse interventions tailored for the complex needs of individuals with co-morbid disorders. Critical components of effective programs include a comprehensive long-term, staged approach to recovery; assertive outreach; motivational interviews; provision of help to individuals in acquiring skills and supports to manage both illnesses and pursue functional goals with cultural sensitivity and competence consistent with evidence-based practice standards published by the Substance Abuse and Mental Health Services Administration.

Iowa State Association of Counties (ISAC) – is a private, nonprofit corporation. ISAC members are elected and appointed county officials from all 99 counties.

Job Development -- Services that assist individuals in preparing for, securing and maintaining gainful, competitive employment. Employment shall be integrated into normalized work settings, shall provide pay of at least minimum wage, and shall be based on the individual's skills, preferences, abilities, and talents. Services assist individuals seeking employment to develop or re-establish skills, attitudes, personal characteristics, interpersonal skills, work behaviors, and functional capacities to achieve positive employment outcomes.

Liquid Assets -- assets that can be converted to cash in 20 days. These include but are not limited to cash on hand, checking accounts, savings accounts, stocks, bonds, cash value of life insurance, individual retirement accounts, certificates of deposit, and other investments.

Managed Care -- a system that provides the coordinated delivery of services and supports that are necessary and appropriate, delivered in the least restrictive settings and in the least intrusive manner. Managed care seeks to balance three factors: achieving high-quality outcomes for participants, coordinating access, and containing costs.

Managed Care Coordinators – facilitate communications between medical facilities, insurance companies and patients. They are responsible for ensuring that medical services are authorized and the regulatory guidelines are followed.

Managed Care Organization – an entity that (1) is under contract with the department to provide services to Medicaid recipients and (2) meets the definition of "Health Maintenance Organization" in Iowa Code section 514B.1.

Managed System -- a system that integrates planning, administration, financing, and service delivery. The system consists of the financing or governing organization, the entity responsible for care management, and the network of service providers.

Management Team – The Coordinators of Disability Services representing each member county

Medical Savings Account -- an account that is exempt from federal income taxation pursuant to Section 220 of the United States Internal Revenue Code (26 U.S.C. §220) as supported by documentation provided by the bank or other financial institution. Any withdrawal from a medical savings account other than for the designated purpose becomes a countable resource.

Medication Management -- Services provided directly to or on behalf of the individual by a licensed professional as authorized by Iowa law including, but not limited to, monitoring effectiveness of and compliance with a medication regimen; coordination with care providers; investigating potentially negative or unintended psychopharmacologic or medical interactions; reviewing laboratory reports; and activities pursuant to licensed prescriber orders.

Medication Prescribing -- Services with the individual present provided by an appropriately licensed professional as authorized by Iowa law including, but not limited to, determining how the medication is affecting the individual; determining any drug interactions or adverse drug effects on the individual; determining the proper dosage level; and prescribing medication for the individual for the period of time before the individual is seen again.

Mental Health Outpatient Therapy -- Services shall consist of evaluation and treatment services provided on an ambulatory basis for the target population including psychiatric evaluation, medication management and individual, family, and group therapy.

Mental Health Inpatient Treatment or Behavioral Health Inpatient Treatment - means inpatient psychiatric services to treat an acute psychiatric condition provided in a licensed hospital with a psychiatric unit or a licensed freestanding psychiatric hospital.

Mental Health Professional -- the same as defined in Iowa code section 228.1(6) means an individual who has either of the following qualifications:

a. The individual meets all of the following requirements:

(1) The individual holds at least a master's degree in a mental health field, including but not limited to psychology, counseling and guidance, nursing, and social work, or is an

advanced registered nurse practitioner, a physician assistant, or a physician and surgeon or an osteopathic physician and surgeon.

(2) The individual holds a current Iowa license if practicing in a field covered by an Iowa licensure law.

(3) The individual has at least two years of post-degree clinical experience, supervised by another mental health professional, in assessing mental health needs and problems and in providing appropriate mental health services.

b. The individual holds a current Iowa license if practicing in a field covered by an Iowa licensure law and is a psychiatrist, an advanced registered nurse practitioner who holds a national certification in psychiatric mental health care registered by the board of nursing, a physician assistant practicing under the supervision of a psychiatrist, or an individual who holds a doctorate degree in psychology and is licensed by the board of psychology.

Modified Adjusted Gross Income - means the methodology prescribed in 42 U.S.C. Section 1396a(e)(14) and 42 CFR 435.603.

Multi-occurring -- Persons with multi-occurring conditions is defined as any person of any age with any combination of any MH condition (including trauma) and/or developmental or cognitive disability (including Brain Injury) and/or any Substance abuse condition, including gambling and nicotine dependence, whether or not they have already been diagnosed. Individuals with multi-occurring conditions commonly also have medical, legal, housing, financial, and parenting issues and conditions and other complex needs.

Non-liquid Assets -- assets that cannot be converted to cash in 20 days. Non-liquid assets include, but are not limited to, real estate, motor vehicles, motor vessels, livestock, tools, machinery, and personal property.

Outcomes -- means the result of the performance or nonperformance of a function or process or activity.

Peer Support Services -- a program provided by a peer support specialist including but not limited to education and information, individual advocacy, family support groups, crisis response, and respite to assist individuals in achieving stability in the community.

Peer Support Specialist -- an individual who has experienced a severe and persistent mental illness and who has successfully completed standardized training to provide peer support services thru the Medical Assistance Program or the Iowa Behavioral Health Care Plan.

Permanent Supportive Housing (**Also referred to as Supported Housing in the service matrix**)-- voluntary, flexible supports to help individuals with psychiatric disabilities choose, get, and keep housing that is decent, safe, affordable, and integrated into the community. Tenants have access to an array of services that help them keep their housing, such as case management, assistance with daily activities, conflict resolution, and crisis response consistent with evidence-based standards published by the Substance Abuse and Mental Health Services Administration.

Personal Emergency Response System -- an electronic device connected to a 24-hour staffed system which allows the individual to access assistance in the event of an emergency.

Population -- as defined in Iowa Code 331.388.

Prevention - means efforts to increase awareness and understanding of the causes and nature of conditions or situations which affect an individual's functioning in society. Prevention activities are designed to convey information about the cause of conditions, situation, or problems that interfere with an individual's functioning or ways in which that knowledge can be used to prevent their occurrence or reduce their effect, and may include, but are not limited to, training events, webinars, presentations, and public meetings.

Prevocational Services -- services that focus on developing generalized skills that prepare an individual for employment. Prevocational training topics include but are not limited to attendance, safety skills, following directions, and staying on task.

Provider -- an individual, firm, corporation, association, or institution which is providing or has been approved to provide medical assistance, is accredited under Chapter 24, holds a professional license to provide the services, is accredited by a national insurance panel, or holds other national accreditation or certification.

Quality Service Delivery Assessment (QSDA) -- is a statewide coordinated approach to the delivery of quality services evaluated through the utilization of standardized outcome measures.

Regional Administrator or Regional Administrative Entity -- the administrative office, or organization formed by agreement of the counties participating in a mental health and disability services region to function on behalf of those counties.

Regional Services Fund -- the mental health and disability regional services fund created in Iowa code section 225C.7A.

Regional Service System Management Plan -- the SEIL service system plan developed pursuant to Iowa Code 331.393 for the funding and administration of non-Medicaid funded mental health and disability services including an annual service and budget plan, a policy and procedure manual, and an annual report and how SEIL will coordinate with the Iowa Department of Human Services in the provision of mental health and disability services funded under the medical assistance program.

Requisite Qualifications -- A mental health professional with the requisite qualifications shall meet all of the following qualifications: is a mental health professional as defined in section 228.1, is an alcohol and drug counselor certified by the nongovernmental Iowa board of substance abuse certification, and is employed by or providing services for a facility, as defined in section 125.2.

Resources -- all liquid and non-liquid assets owned in part or in whole by the individual and/or household that could be converted to cash to use for support and maintenance and that the individual household is not legally restricted from using for support and maintenance.

Respite -- a temporary period of relief and support for individuals and their families provided in a variety of settings. The intent is to provide a safe environment with staff assistance for individuals who lack an adequate support system to address current issues related to a disability. Respite may be provided for a defined period of time; respite is either planned or provided in response to a crisis.

Retirement Account -- any retirement or pension fund or account listed in Iowa Code section 627.6(8)“f”.

Retirement Account in the Accumulation Stage -- a retirement account into which a deposit was made in the previous tax year. Any withdrawal from a **retirement account becomes a countable resource**.

Risk Pool -- a source of collective funds which can provide protection to member counties to meet their financial obligations if the member county will encumber all available resources.

Rural -- any area that is not defined as urban.

Serious Emotional Disturbance - means the same as defined in Iowa code section 225C.2.

“Serious emotional disturbance” means a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the most current diagnostic and statistical manual of mental disorders published by the American psychiatric association that results in a functional impairment. “Serious emotional disturbance” does not include substance use and developmental disorders unless such disorders co-occur with such a diagnosable mental, behavioral, or emotional disorder.

Service System -- refers to the mental health and disability services and supports administered and paid from the SEIL services fund.

State Board - means the children’s behavioral health system state board created in code section 225C.51.

State Case Status -- an individual who has no county of residence.

State Commission -- MHDS Commission as defined in Iowa Code 225C.5.

State Psychiatric Papers -- is a state appropriate paid to the state psychiatric hospital the University of Iowa to pay for the care and treatment of public patients. A person making claim to compensation files the claim in the office of the regional administrator for the person’s county of residence. The claim is subject to review and approval by the regional administrator for the county.

Strategic Plan -- is a document that uses goals, performance objectives and measures to set priorities, focus resources and ensure stakeholders are working toward common goals.

Strength Based Case Management -- a service that focuses on possibilities rather than problems and strives to identify and develop strengths to assist individuals reach their goals leading to a healthy self-reliance and

interdependence with their community. Identifiable strengths and resources include family, cultural, spiritual, and other types of social and community-based assets and networks.

Supported Community Living Services -- services provided in a non-institutional setting to adult persons with mental illness, mental retardation, or developmental disabilities to meet the persons' daily living needs.

Supported Employment -- an approach to helping individuals participate as much as possible in competitive work in integrated work settings that are consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individuals. Services are targeted for individuals with significant disabilities for whom competitive employment has not traditionally occurred; or for whom competitive employment has been interrupted or intermittent as a result of a significant disability including either individual or group supported employment, or both, consistent with evidence-based practice standards published by the Substance Abuse and Mental Health Services Administration.

System of Care -- the coordination of a system of services and supports to individuals and their families that ensures they optimally live, work, and recreate in integrated communities of their choice.

System Principles -- practices that include individual choice, community and empowerment.

Trauma Focused Services – services provided by care givers and professionals that recognize when an individual who has been exposed to violence is in need of help to recover from adverse impacts; recognize and understand the impact that exposure to violence has on victims' physical, psychological, and psychosocial development and well-being; and respond by helping in ways that reflect awareness of adverse impacts and consistently support the individual's recovery.

Trauma Informed Care – services that are based on an understanding of the vulnerabilities or triggers of those that have experienced violence, that recognize the role violence has played in the lives of those individuals, that are supportive of recovery, and that avoid re-traumatization including trauma-focused services and trauma-specific treatment.

Trauma-Specific Treatment – services provided by a mental health professional using therapies that are free from the use of coercion, restraints, seclusion, and isolation; and designed specifically to promote recovery from the adverse impacts of violence exposure on physical, psychological, psychosocial development, health and well-being.

Urban – a county that has a total population of 50,000 or more residents or includes a city with a population of 20,000 or more.

Urgent Services – category of walk-in clinic focused on the delivery of ambulatory care in a dedicated medical facility outside of a traditional emergency room.

Southeast Iowa Link
Mental Health and Disability Services
Management Plan
Policies and Procedures

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SOUTHEAST IOWA LINK (SEIL) MENTAL HEALTH AND DISABILITY SERVICES REGION

**DES MOINES, HENRY, JEFFERSON,
KEOKUK, LEE, LOUISA, VAN BUREN
& WASHINGTON COUNTIES**

Southeast Iowa Link Disability Services Application Cover Page

~~SEIL staff shall review the application within ten (10) calendar days from the received date stamped on the application to determine if all necessary information is present and complete on the application. If the application is incomplete a request for missing information shall be returned to the applicant giving them ten (10) calendar days to provide the missing information. Failure to respond with necessary information and/or to provide a fully completed application will result in a denial of funding.~~

~~A complete application will have all information filled out on the application form, required verifications, a copy of photo identification, releases, verification of insurance coverage and verification of denial of eligibility for other funding sources. If applicable, required verifications may include parole agreements and district court orders. The notice of decision will be issued within ten (10) calendar days of the submitted application being considered complete with all required verifications. An individual who is eligible for other publicly funded services and support must apply for and accept such funding and support.~~

~~If a functional assessment and/or other designated enrollment assessment is required it will be completed within ninety (90) days. Once an individual's assessment is received, the individual will be referred for services to a provider of choice and issued a Notice of Decision within ten (10) days. Emergency and urgent services are not subject to a standardized functional assessment and/or designated enrollment assessment.~~

Eligibility Requirements:

~~The individual is at least eighteen years of age and a lawful resident of this state.~~

Gross household income is at 150% or below the current Federal Poverty Guidelines. Applicants with gross income up to 200% of Federal Poverty Guidelines may be eligible for funding to access preventative outpatient mental health services when they have no other funding source.

An individual cannot have resources greater than \$2,000 in countable value for a single person household or \$3,000 in countable value for a multi person household.

The individual must have a diagnosis of Mental Illness, Intellectual Disability or Developmental Disability.

VERIFICATION REQUIRED FOR A COMPLETE APPLICATION:

1. APPLICATION – you must complete all blanks, sign the application and verify and sign HIPAA Notice of Privacy Practices was provided

2. IDENTIFICATION – Driver's License other photo identification (if this doesn't exist another non photo identification can be submitted)

3. PROOF OF ALL HOUSEHOLD INCOME FOR THE LAST 30 DAYS (3 MONTHS FOR SELF-EMPLOYED)

a) Pay stubs or a signed statement from employer verifying gross and net wages including pay dates

b) Proof unemployment compensation benefits

c) Proof of FIP benefits

d) Proof of child support payments

e) Proof of SSI, Social Security, SSD or pension benefits

f) Self-employment financial records for the last 3 months

h) ANY other source of income

4. BANK STATEMENTS FOR ALL ACCOUNTS – most recent checking statement, most recent savings statement from the financial institution and all other types of bank accounts for all household members

5. SIGNED RELEASE OF INFORMATION FORMS – these will be provided with the application or when eligibility is determined

6. VERIFICATION OF INSURANCE COVERAGE – you will need to provide copies of your insurance cards, verification you have applied for insurance coverage or verification of denial of eligibility for Medicaid or Market Place insurance coverage

7. WRITTEN VERIFICATION THAT YOU HAVE APPLIED FOR DISABILITY (if applicable)

8. WRITTEN VERIFICATION OF DIAGNOSIS – a copy of a psychological or psychiatric evaluation or other acceptable verification of diagnosis

SOUTHEAST IOWA LINK MENTAL HEALTH DISABILITY SERVICES Application Form

Application Date: _____ Date Received by local MHDS Office: _____

Agency/contact person completing this form, including contact information: _____

First Name: _____ Middle Name: _____ Last Name: _____ Maiden: _____

Prefix: ☐ Dr. ☐ Miss ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Prof. Suffix: ☐ D.D. ☐ Esq. ☐ I ☐ II ☐ III ☐ Jr. ☐ MD ☐ PhD ☐ Sr.

SSN#: _____ US Citizen: ☐ Yes ☐ No Date of Birth: _____ Gender: ☐ Female ☐ Male

Veteran Status: ☐ Yes ☐ No Military Branch and Type of Discharge: _____ Dates: _____

Marital Status: ☐ Single ☐ Married (includes common law) ☐ Divorced ☐ Separated ☐ Widowed

Race: ☐ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Asian or Pacific Islander
☐ Other (biracial; Sudanese; etc.) _____ ☐ Unknown

Ethnicity: ☐ Hispanic or Latino ☐ Non Hispanic or Latino

Primary Language: ☐ English ☐ Spanish ☐ French ☐ German ☐ Vietnamese ☐ Other: _____

Legal Status: ☐ Voluntary ☐ Involuntary Civil ☐ Involuntary Criminal ☐ Probation ☐ Parole ☐ Jail/Prison

State ID #: _____ Legal Issues: ☐ Yes ☐ No If yes, please specify: _____

Blind Determination: ☐ Yes ☐ No Determination Date: _____

Home Phone: _____ Work/Other Phone: _____ Cell Phone: _____ Email: _____

Current Address: _____
Street City State Zip County

Dates of Residency at this address: _____ to _____ **# Roommates:** _____

Current Residential Arrangement: (Check applicable arrangement)

- ☐ Private Residence/Household — Alone ☐ Private Residence/Household — With Relatives
☐ Private Residence/Household — With Unrelated Persons ☐ Foster Care/Family Life Home
☐ Correctional Facility ☐ Substance-Related Treatment Facility ☐ 24-Hour Habilitation Home
☐ 24-Hour Supported Community Living Home ☐ Residential Care Facility(RCF) ☐ RCF/ID ☐ RCF/PMI
☐ Intermediate Care Facility(ICF)/Nursing Home ☐ ICF/ID ☐ State MHI ☐ State Resource Center
☐ Homeless/Shelter/Street ☐ Other: Explain _____

Mailing Address: ☐ Same ☐ Other: _____
Street City State Zip County

Current Employment: (Check applicable employment)

- ☐ Unemployed, available for work ☐ Unemployed, unavailable for work ☐ Employed, Full time
☐ Employed, Part time ☐ Retired ☐ Student
☐ Work Activity ☐ Sheltered Work Employment ☐ Supported Employment
☐ Vocational Rehabilitation ☐ Seasonally Employed ☐ Armed Forces
☐ Homemaker ☐ Other _____

Employment History: (list starting with most recent to all previous. Use another sheet if more space is needed)

Employer	Position	Phone	City, State	Start/End Date	Hrs.	Hrly Wage
1.						
2.						
3.						
4.						

Education:

Years of Education: _____
GED: ☐ Yes ☐ No
H.S. Diploma: ☐ Yes ☐ No
College Degree: _____

Interested Persons/Emergency Contact:

Name: _____
Relationship: _____ Phone: _____
Name: _____
Relationship: _____ Phone: _____

Guardian/Payee/Conservator: ☐ Yes ☐ No

☐ Legal Guardian ☐ Protective Payee ☐ Conservator
(Check any that are appointed and write in name etc.)

Name: _____
Address: _____
Phone: _____

☐ Legal Guardian ☐ Protective Payee ☐ Conservator
(Check any that are appointed and write in name etc.)

Name: _____
Address: _____
Phone: _____

Others in Household:

First Name and Last Name	Date of Birth	Relationship
1.		
2.		
3.		
4.		

Gross Monthly Income (before taxes): _____ **Applicant** _____ **Others in Household**
(Check type & fill in amount) **Amount:** _____ **Amount:** _____

- ☐ Veterans Benefits _____
☐ Social Security/SSDI _____

<input type="checkbox"/> SSI	_____	_____
<input type="checkbox"/> Employment Wages	_____	_____
<input type="checkbox"/> Workers Comp	_____	_____
<input type="checkbox"/> Public or General Assistance	_____	_____
<input type="checkbox"/> Private Relief Agency	_____	_____
<input type="checkbox"/> Food Assistance	_____	_____
<input type="checkbox"/> Family and Friends	_____	_____
<input type="checkbox"/> Child Support	_____	_____
<input type="checkbox"/> FIP	_____	_____
<input type="checkbox"/> R/R Pension	_____	_____
<input type="checkbox"/> Other (Unemployment, etc)	_____	_____
Total Monthly Income:	_____	_____

NOTICE: Proof of income may be required with this application including but not limited to pay stubs, tax returns, etc. If you have reported no income above, how do you pay your bills? (Do not leave blank if no income is reported!)

Household Resources: (Check and fill in amount and agency):

Type	Amount	Bank, Trustee, or Company
<input type="checkbox"/> Savings	_____	_____
<input type="checkbox"/> Checking Account	_____	_____
<input type="checkbox"/> Cash on Hand	_____	_____
<input type="checkbox"/> Time Certificates	_____	_____
<input type="checkbox"/> Burial Fund/Plot/Life Ins(cash value)	_____	_____
<input type="checkbox"/> CDs (cash value)	_____	_____
<input type="checkbox"/> Stocks/Bonds(cash value)	_____	_____
<input type="checkbox"/> Dividend Interest(cash value)	_____	_____
<input type="checkbox"/> Trust Funds	_____	_____
<input type="checkbox"/> Retirement Funds(cash value)	_____	_____
<input type="checkbox"/> Other	_____	_____
Total Resources:	_____	_____

Motor Vehicles: ☐ Yes ☐ No Make, Model & Year: _____ Value: _____
 (include car, truck, motorcycle, etc.) Make, Model & Year: _____ Value: _____

Do you, your spouse or dependent children own or have interest in the following:

☐ House including the one you live in ☐ Any other real estate or land ☐ Other _____
 If yes to any of the above, please explain: _____

Health Insurance Information: (Check all that apply)

Primary Carrier (pays 1 st)	Secondary Carrier (pays 2 nd)
<input type="checkbox"/> Applicant Pays <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private Insurance <input type="checkbox"/> No Insurance <input type="checkbox"/> Marketplace Choice	<input type="checkbox"/> Applicant Pays <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private Insurance <input type="checkbox"/> No Insurance <input type="checkbox"/> Marketplace Choice
Company Name _____ Address _____ Policy Number: _____ (or Medicaid/Title 19 or Medicare Claim Number)	Company Name _____ Address _____ Policy Number _____ (or Medicaid/Title 19 or Medicare Claim Number)

Have you applied for all other public programs? (Please indicate dates applied and decision if applicable):

<input type="checkbox"/> Social Security _____	<input type="checkbox"/> SSI _____	<input type="checkbox"/> Medicaid _____
<input type="checkbox"/> Veterans _____	<input type="checkbox"/> Unemployment _____	<input type="checkbox"/> Food Assistance _____
<input type="checkbox"/> FIP _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Disability Group/Primary Diagnosis:

☐ 40 Mental Illness ☐ 42 Intellectual Disability ☐ 43 Developmental Disability ☐ 47 Brain Injury ☐ 35 Substance Abuse

Specific Diagnosis determined by: _____ **Date:** _____

Axis I: _____ **Dx Code:** _____

Axis II: _____ **Dx Code:** _____

Axis III: _____ **Dx Code:** _____

Axis IV: _____ **Dx Code:** _____

Axis V: (GAF Score & date given): _____

Do you receive any current mental health or substance abuse services (include provider name, location, & dates):

Do you take any psychotropic medications? Who prescribed them and what was the date? _____

Allergies: _____

Why are you here today? What services do you need? (this section must be completed as part of this application):

Service Requested	Provider (if known)	Rate/Unit	Effective Date
-------------------	---------------------	-----------	----------------

Service Requested	Provider (if known)	Rate/Unit	Effective Date
-------------------	---------------------	-----------	----------------

Service Requested	Provider (if known)	Rate/Unit	Effective Date
-------------------	---------------------	-----------	----------------

Service Requested	Provider (if known)	Rate/Unit	Effective Date
-------------------	---------------------	-----------	----------------

Service Requested	Provider (if known)	Rate/Unit	Effective Date
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Referral Source:

☐ Self ☐ Community Corrections ☐ Family/Friend(s) ☐ Social Service Agency ☐ Targeted Case Management

☐ IHH Care Coordinator ☐ Hospital ☐ Physician ☐ RCF/ICF ☐ Other _____

The above listed services have been discussed with me and are requested with my knowledge and consent. As a signatory of this document, I certify that the above information is true and complete to the best of my knowledge, and I authorize the regional and/or local MHDS staff to check for verification of the information provided including, but not limited to, verification with local and/or state Iowa Dept. of Human Services (DHS) staff. I understand that the information gathered in this document is for the use of the regional and/or local MHDS in establishing my ability to pay for services requested, in assuring the appropriateness of services requested, and in confirming residency. I understand that information in this document will remain confidential.

Applicant's Signature (or Legal Guardian) _____ **Date** _____

HIPAA Notice of Privacy Practice Provided: ☐ Yes ☐ No **Signature:** _____

NOTE: DO NOT WRITE IN THE SPACE BELOW FOR MHDS USE ONLY

Unique ID#: _____ Date Contacted: _____

Disability Group DX Type: ☐ MI ☐ ID ☐ DD ☐ BI ☐ SA

Residency: _____ (Attach Residency Checklist if needed)

Determination: ☐ Accepted ☐ Denied (see comments below) ☐ Pending (see comments below)

Funding Secured: ☐ YES ☐ NO Arranged: _____

Date of Decision: _____ Date NOD sent: _____

If denied, check applicable reason:

- | | |
|--|--|
| <input type="checkbox"/> Over income/resource guidelines | <input type="checkbox"/> Other county of residence _____ |
| <input type="checkbox"/> Does not meet diagnostic criteria | <input type="checkbox"/> Applicant desires to stop process |
| <input type="checkbox"/> Does not meet plan criteria | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Assessment does not meet criteria | |

Other referrals given (DHS, TCM, IHH, etc.): _____

MHDS staff making determination & date: _____

Comments: _____

SOUTHEAST IOWA LINK
MENTAL HEALTH DISABILITY SERVICES
County of Residence Determination Worksheet

“County of residence” means the county in this state in which, at the time a person applies for or receives services, the person is living and has established an ongoing presence with the declared, good faith intention of living in the county for a permanent or indefinite period of time. The county of residence of a person who is a homeless person is the county where the homeless person usually sleeps. A person maintains residency in the county in which the person last resided while the person is present in another county receiving services in a hospital, a correctional facility, a halfway house for community-based corrections or substance-related treatment, a nursing facility, an intermediate care facility for persons with an intellectual disability, or a residential care facility, or for the purpose of attending a college or university.

First Name: _____ Middle Name: _____ Last Name: _____ Maiden/Nickname: _____

Date of Birth: _____ SSN#: _____

* _____
Current Address _____ City _____ State _____ County _____

☐ Private Residence/Household Alone ☐ Private Residence/Household With Relatives
☐ Private Residence/Household With Unrelated Persons ☐ Foster Care/Family Life Home
☐ Correctional Facility ☐ Substance-related Treatment Facility ☐ 24-Hour Habilitation Home
☐ 24-Hour Supported Community Living Home ☐ Residential Care Facility(RCF) ☐ RCF/ID ☐ RCF/PMI
☐ Intermediate Care Facility(ICF)/Nursing Home ☐ ICF/ID ☐ State MHI ☐ State Resource Center
☐ Homeless/Shelter/Street ☐ Other: Explain _____

Dates of Residency at this address: _____ to _____

If you are NOT homeless, skip this section. If you are homeless, please indicate where you slept the last five nights:

1) _____ 2) _____ 3) _____
 4) _____ 5) _____

Do you intend to live in this county permanently or for an indefinite period of time? ☐ Yes ☐ No

Explain: _____

Residency Determined? ☐ Yes, County of Residence: _____
 _____ ☐ No, Please Continue.

* _____
 Previous Address _____ City _____ State _____ County _____

☐ Private Residence/Household Alone ☐ Private Residence/Household With Relatives
☐ Private Residence/Household With Unrelated Persons ☐ Foster Care/Family Life Home
☐ Correctional Facility ☐ Substance-related Treatment Facility ☐ 24-Hour Habilitation Home
☐ 24-Hour Supported Community Living Home ☐ Residential Care Facility(RCF) ☐ RCF/ID ☐ RCF/PMI
☐ Intermediate Care Facility(ICF)/Nursing Home ☐ ICF/ID ☐ State MHI ☐ State Resource Center
☐ Homeless/Shelter/Street ☐ Other: Explain _____

Dates of Residency at this address: _____ to _____

Residency Determined? ☐ Yes, County of Residence: _____
 _____ ☐ No, Please Continue.

* _____
 Previous Address _____ City _____ State _____ County _____

☐ Private Residence/Household Alone ☐ Private Residence/Household With Relatives
☐ Private Residence/Household With Unrelated Persons ☐ Foster Care/Family Life Home
☐ Correctional Facility ☐ Substance-related Treatment Facility ☐ 24-Hour Habilitation Home
☐ 24-Hour Supported Community Living Home ☐ Residential Care Facility(RCF) ☐ RCF/ID ☐ RCF/PMI
☐ Intermediate Care Facility(ICF)/Nursing Home ☐ ICF/ID ☐ State MHI ☐ State Resource Center
☐ Homeless/Shelter/Street ☐ Other: Explain _____

Dates of Residency at this address: _____ to _____

Residency Determined? ☐ Yes, County of Residence: _____
 _____ ☐ No, Please Continue.

* _____
 Previous Address _____ City _____ State _____ County _____

- ☐ Private Residence/Household Alone
 ☐ Private Residence/Household With Relatives
☐ Private Residence/Household With Unrelated Persons
 ☐ Foster Care/Family Life Home
☐ Correctional Facility
 ☐ Substance-related Treatment Facility
 ☐ 24 Hour Habilitation Home
☐ 24 Hour Supported Community Living Home
 ☐ Residential Care Facility(RCF)
 ☐ RCF/ID
 ☐ RCF/PMI
☐ Intermediate Care Facility(ICF)/Nursing Home
 ☐ ICF/ID
 ☐ State MHI
 ☐ State Resource Center
☐ Homeless/Shelter/Street
 ☐ Other: Explain _____

Dates of Residency at this address: _____ to _____

Residency Determined? ☐ Yes, County of Residence: _____
☐ No, Please Continue.

As a signatory of this document, I certify that the above information is true and complete to the best of my knowledge, and I authorize the County MHDS staff to check for verification of the information provided. I understand that the information gathered in this document is for the use of the County in confirming residency. I understand that the information in this document will remain confidential.

Applicant's Signature (or Legal Guardian) _____ Date _____

Signature of other completing form if not Applicant or legal Guardian _____ Date _____

SOUTHEAST IOWA LINK MENTAL HEALTH DISABILITY SERVICES Change of Information Form

Date: ____/____/____ SS# _____

Applicant's Name: _____ Phone Number: _____

Type Address:
☐ 24 Hour Habilitation
 ☐ 24 Hour Supported Comm. Living
☐ Correctional Facility
 ☐ Foster Care/Family Life Home
☐ Homeless/Shelter/Street
 ☐ ICF/ID
☐ ICF/Nursing Home
 ☐ ICF/PMI
☐ Private Residence/household Alone
 ☐ Private Res/household w/Relatives
☐ Private Res/household w/unrelated persons
 ☐ RCF/ID
☐ RCF/PMI
 ☐ Residential Care Facility
☐ State MHI
 ☐ State Resource Center

Others in Household:

First Name and Last Name	Date of Birth	Relationship
1.		
2.		
3.		
4.		

Current Address:

_____ Street Address _____ City _____ State _____ Zip _____ County

Use as mailing address? Yes or No _____

What is the Change?

_____ Address _____ Phone _____ Service Provider

_____ Name _____ Income _____ Employment

_____ Payee/Guardian/Conservator _____ Services Needed _____ Insurance

_____ Emergency Contact _____ Resources _____ Household size

Please give details of the change:

Effective Date of Change: _____/_____/_____

Signature of Applicant: _____ **Date:** _____

Signature of Person Completing this form: _____ **Date:** _____

SOUTHEAST IOWA LINK
MENTAL HEALTH DISABILITY SERVICES
Authorization to Obtain and/or Disclose Information

Individual Name:	SSN:	DOB:
-------------------------	-------------	-------------

"I hereby authorize the county MHDS staff to obtain and/or disclose oral and/or written information that has been indicated below with the following individual(s) and/or agency(s):"

Address of agency/individual listed above:	Phone & Fax #'s of agency/individual listed above:
---	---

THIS INFORMATION WILL BE OBTAINED AND/OR DISCLOSED FOR THE FOLLOWING PURPOSE:

- ☐ Coordination of Services
 ☐ Service Planning
 ☐ Determining Eligibility for Funding
☐ Monitoring of Services
 ☐ Assessment Purposes
 ☐ Other _____

INFORMATION TO BE OBTAINED AND/OR DISCLOSED:

- ☐ Funding and/or Eligibility _____
☐ Evaluation/Assessment _____
☐ Educational and/or Vocational Assessment _____
☐ Family and/or Social Data _____
☐ Physical/Mental Status _____
☐ Agency(s) and/or Individual(s) participation, annual plans & reviews, social history, progress reporting, discharge summaries, service planning (if applicable) _____
☐ Financial Information _____
☐ Other _____
☐ Other _____

SPECIFIC AUTHORIZATION TO OBTAIN AND/OR DISCLOSE INFORMATION PROTECTED BY STATE OR FEDERAL LAW:

—“I specifically authorize county MHDS staff to obtain and/or disclose data or information relating to the following:”
 (Please check and initial appropriate boxes)

☐ Mental Health ☐ (initial) — ☐ Substance Abuse ☐ (initial) ☐ HIV/AIDS ☐ (initial)

Authorizing Signature**Date****Relationship to Individual (if applicable):**

AFFIRMATION OF AUTHORIZATION: “I give the above named agency permission to obtain and/or disclose the information that I have selected on this form with the individual(s) and/or agency(s) that have been listed and only for the purpose selected. This authorization is valid up to one year unless specified below. I understand that I may revoke this authorization at any time. The revocation will take effect on the date it is received in writing. As a client, I have the right to access my treatment or other records during treatment and after discharge. Copies of the records may be obtained with reasonable notice and payment of copying cost (see staff for details). I further understand that if the person or entity that receives the above specified information is not a health care provider, health plan, or health care clearinghouse covered by the federal privacy regulation or a business associate of these entities, the information described may be re-disclosed and no longer protected by the regulations.”

This authorization is valid up to one year unless otherwise specified or noted: _____

Authorizing Signature**Date****Relationship to Individual (if applicable)**

Please send requested information or direct questions to:

Specific County Office Information

County
 Address
 Phone/Fax

Please indicate below if you would like a copy of this Authorization. If you do not indicate either, you will not be given a copy unless you request one verbally.

I request a copy of this Authorization: ☐

I decline a copy of this Authorization: ☐

Southeast Iowa Link
 Notice of Enrollment

I. — APPLICANT INFORMATION**Applicant's Name & Address:****State ID:**

Applicants
CSN ID#:

Application for:

Plan: Mental Health & Disability

Program:**Application Date:**

Current**Provider(s):** _____**Current Hour(s) and Service(s):** __________
_____**Additional Hour(s) and Service(s) Requested:** __________
_____**Requested Start Date:** _____ **End Date:** _____

Purpose for Request for Change/Addition in Service(s) (Please specify how the hours of service will be used and the reason for the need of the requested services. Additionally, attach any contact notes, narratives, etc. that support the Region being the payer of last resort and/or exhaustion of natural supports):

_____**Applicant's Signature (or Legal Guardian):** _____ **Date:** _____**Person Completing the Request:** _____ **Date:** _____**Contact Information (Address, Phone Number, Email):**_____

_____****The completed Functional Assessment must be included with the Request for Service Funding**** _____

Southeast Iowa Link
Notice of Service Authorization

I. APPLICANT INFORMATION

Applicant's Name & Address:

_____ State

ID:

Applicants

CSN ID#:

—II.— SERVICES

The decision to approve, deny or pend each of the services listed below is printed on the Authorized Service Decision box. Information on the appeal process is listed on the back of this form.

Provider Information	Service	Number of Units	Units Per	Unit Rate	Service Start Date	Service End Date	Authorized Service Decision
1)							
Details:							
Notes:							

III. CONTACT INFORMATION

Name:			
Phone:		Email:	

IV. AUTHORIZATION

Disability Services Coordinator (Printed):		Phone:	
Disability Services Coordinator Signature:		Date:	

V. COUNTY TO BE BILLED FOR SERVICES:

County to be billed for payment of the approved for services:		
Address:		
Phone:		Fax:

Southeast Iowa Link **Provider and Program Participation Agreement**

THIS AGREEMENT (the "Agreement"), entered into this 1st day of July, 2016, is by and between **Southeast Iowa Link** and _____ ("Provider"), and ending the 30th day of June, 2017.

The statements and intentions of the parties, to this Agreement, are as follows:

_____ **Southeast Iowa Link** is an inter governmental entity organized under Chapter 28E of the Code of Iowa, governed by its Governing Board. Mental health services are funded by Southeast Iowa Link and Administered by the Chief Executive

~~Officer within the scope and according to the criteria of the Region Management Plan. Southeast Iowa Link is interested in contracting with Provider to purchase Covered Services for the benefit of Southeast Iowa Link Individuals.~~

~~Provider is licensed, certified and/or accredited under the laws of the State of Iowa to provide mental health, mental retardation and/or developmental disability services and is interested in contracting with Southeast Iowa Link to provide Covered Services for the benefit of Southeast Iowa Link Individuals.~~

~~In consideration of the premises and promises contained herein, it is mutually agreed by and between Southeast Iowa Link and Provider as follows:~~

SECTION 1

Definitions

Assignment: The act of transferring to another all or part of one's property interest or rights.

Chief Executive Officer: Administrator of the Region Management Plan as approved by the SEIL Governing Board.

Covered Services: Services enumerated in the Region Management Plan.

DHS: Iowa Department of Human Services

HIPAA: Health Insurance Portability and Accountability Act, a United States law designed to provide privacy standards to protect patients' medical records and other health information provided to health plans, doctors, hospitals and other health care providers. Developed by the [Department of Health and Human Services](#), these new standards provide patients with access to their medical records and more control over how their personal health information is used and disclosed.

Iowa Counties Technology Services (ICTS): ISAC's group that utilizes Eide Bailly cost reporting, formerly known as CRIS (County Rate Information System).

Individual Authorization: An individual authorization is a standard form, signed by an individual, to allow disclosure of their personal health information. The form must include the specific personal health information to be disclosed, who is to receive the information, and when the authorization expires. The individual may revoke the authorization at any time.

Iowa State Association of Counties (ISAC): ISAC is the state association for county governments in the SEIL region.

Protected Health Information: Individually identifiable health information that is transmitted by or maintained in electronic media or transmitted by or maintained in any other form or medium.

Quality Service Development and Assessment (QSDA) Committee: The Quality Service Development and Assessment Committee is a group of stakeholders whose primary responsibility is to facilitate a statewide standardized approach to the delivery of quality services measured through the utilization of outcome standards.

Region: The inter-governmental entity created under Chapter 28E of the Code of Iowa and Section 331.390 that include the following member counties: Des Moines, Henry, Jefferson, Keokuk, Lee, Louisa, Van Buren and Washington.

Southeast Iowa Link Individual: A person who is eligible and authorized to receive funding as defined in the Region Management Plan as approved by the Director of Human Services.

Region Management Plan: Southeast Iowa Link's plan, developed pursuant to Iowa Code Section 331.393, for providing an array of cost-effective individualized services and supports which assist Southeast Iowa Link Individuals be as independent, productive and integrated into the community as possible within the constraints of the services fund.

Subcontract: The act in which one party to the original contract enters into a contract or agreement with a third party to provide some or all of the services listed in the original contract.

SECTION 2

Duties of Provider

Section 2.1 Provision of Covered Services. ~~Provider shall provide Covered Services to each Southeast Iowa Link Individual who is authorized by Chief Executive Officer to receive such services to the extent designated in Attachment A, Service Definitions and Rates. Such services shall be rendered in compliance with applicable laws and regulations and the Region Management Plan. Provider shall also provide Covered Services in a manner which: (a) documents the services provided, in conformance with federal, state and local laws and regulations and the Region Management Plan, and (b) protects the confidentiality of the Southeast Iowa Link Individual's medical records and Protected Health Information.~~

See Attachments for service detail.

Section 2.2 Compliance with the Region Management Plan. ~~Provider and its staff shall be bound by and provide Covered Services in compliance with the Region Management Plan. Failure to comply with the Region Management Plan may result in sanctions such as, but not limited to, the loss of reimbursement and/or termination of the Agreement.~~

- ~~SEIL is implementing strategies to move towards performance based contracting and services. SEIL works cooperatively with Iowa Association of Community Providers to train and implement Five Star Quality.~~
- ~~SEIL supports the QSDA Committee and workgroups, whose purpose is to minimize the impact of the MHDS system complexities on the member. The goal is a statewide approach to core services, access, and practice standards, with outcomes being reported by our providers through our CSN Provider Portal. SEIL provides training for outcome entries into the statewide CSN Provider Portal system. Following this training, data entries by providers are expected to occur for our contracted providers in FY 17 contract, and includes both Medicaid and non Medicaid individuals being served as mandated for reporting.~~
- ~~SEIL encourages providers to utilize the Zia Partners, Behavioral Health System of 'Multi occurring Capability Development Program Report'. These are available to change agent members at no cost and can be requested through any of the local access points.~~

Section 2.3 Authorization and Notification Requirements. ~~All Covered Services provided to Southeast Iowa Link Individuals by Provider must be authorized by the Chief Executive Officer prior to or at the time of rendering services or in accordance with the Region Management Plan. The Region Management Plan shall not diminish Provider's obligation to render Covered Services consistent with the applicable standard of care.~~

Section 2.4 Access to Books and Records. ~~Unless otherwise required by applicable statutes or regulations, Provider shall allow Southeast Iowa Link access to books and records, for purposes of appeals, utilization, grievance, claims payment review, individual medical records review or financial audits, during the term of this contract and seven (7) years following its termination. Provider shall provide records or copies of records at a cost of twenty five cents (\$.25) a page.~~

Section 2.5 Cost Reports. ~~Provider shall comply with all policy and procedures in the Region rate setting process. SEIL will begin using the ICTS rate setting method in Fiscal Year 2017. SEIL will accept contracted Medicaid rates, as identified by IME.~~

SECTION 3

Claims Submission and Payment

Section 3.1 Claims Submission. ~~Provider agrees to submit all claims for reimbursement in accordance with the Region Management Plan.~~

Section 3.2 Claims Payment. Southeast Iowa Link will pay claims in accordance with the Region Management Plan.

~~From the Management Plan: _____ J. Service Provider Payment Provisions
_____ IC 331.393(2)e; 331.393(4)k; IAC 441-25.21(1)k~~

~~Each service provider shall submit monthly billing invoices and other information requested of the provider for utilization review. The monthly billings shall include the following information:~~

- ~~• Name and unique identifier of each individual served during the reporting period~~
- ~~• Number of units of service delivered to each individual served~~
- ~~• When requested, attendance records~~
- ~~• Unit rate and total cost of the units provided to each individual, co-payment or other charges billed to other sources shown as deductions on the billing~~
- ~~• Actual amount to be charged to SEIL for each individual for the period~~
- ~~• The invoice must contain the provider name, address, invoice date, invoice number and signature~~

~~SEIL staff shall review the billings and additional utilization information in comparison with the Notice of Decision in place. Services billed without a Notice of Decision shall be deducted from the billing.~~

~~All eligible bills shall be submitted no later than sixty (60) calendar days after the month the service was provided. Submitted invoices shall be paid according to the County Auditor claim cycle. This should usually occur within sixty (60) calendar days of receipt of the bill unless unforeseen circumstances exist or additional documentation is required. No billings received more than sixty (60) calendar days after the close of the fiscal year in which the service was provided shall be considered for payment by SEIL unless there is a statutory obligation. The fiscal year for SEIL is July 1—June 30.~~

~~It is the intent of SEIL that only SEIL staff shall authorize funding for residents of SEIL. Due to that end, if another county, region, or the State, determines residency in error or approves funding individuals who have residency in a SEIL member county, SEIL may not assume retroactive payment and SEIL will assist the other county, region, or the State to facilitate the transition of funding/service. When written notification is received by SEIL of the error, SEIL staff shall authorize funding according to the policies and procedures set forth in this Plan.~~

Section 3.3 Compensation to Provider. Provider agrees to accept payment from Southeast Iowa Link for Covered Services provided to Southeast Iowa Link Individuals under this Agreement as payment in full, less any Copayment or other amount which is due from Southeast Iowa Link Individuals for such services. Compensation for Covered Services is included as Attachment A, Service Definitions and Rates.

SECTION 4

Relationship Between the Parties

Section 4.1 Relationship Between Southeast Iowa Link and Provider. The relationship between Southeast Iowa Link and Provider is solely that of independent contractor and nothing in this Agreement shall be construed or deemed to create any other relationship including one of employment, agency or joint venture. Provider shall maintain social security, workers' compensation and all other employee benefits covering Provider's employees as required by law.

SECTION 5

Hold Harmless, Indemnification and Liability Insurance

Section 5.1 Provider Hold Harmless and Indemnification. Provider shall defend, hold harmless and indemnify Southeast Iowa Link against any and all claims, liability, damages or judgments asserted against, imposed or incurred by Southeast Iowa Link that arise out of acts or omission of Provider or Provider's employees, agents or representatives in the discharge of its responsibilities under this Agreement.

Section 5.2 Southeast Iowa Link Hold Harmless and Indemnification. Southeast Iowa Link shall defend, hold harmless and indemnify Provider against any and all claims, liability, damages or judgments asserted against, imposed or incurred

by Provider that arise out of acts or omission of Southeast Iowa Link or Southeast Iowa Link employees, agents or representatives in the discharge of its responsibilities under this Agreement.

~~**Section 5.3 Provider Liability Insurance.** Provider shall procure and maintain, at the Provider's own expense, professional liability insurance and comprehensive general or umbrella liability insurance. Evidence of insurance shall be provided at the time of execution of this Agreement and may be provided in the form of a certificate of insurance.~~

SECTION 6

Laws and Regulations

~~**Section 6.1 Laws and Regulations.** Provider warrants that it is, and during the term of this Agreement will continue to be, operating in full compliance with all applicable federal and state laws.~~

~~**Section 6.2 Compliance with Civil Rights Laws.** Provider agrees not to discriminate or differentiate in the treatment of any individual based on age, race, creed, color, sex, sexual orientation, gender identity, national origin, religion, or disability. Provider agrees to ensure mental health services are rendered to SEIL Region Individuals in the same manner, and in accordance with the same standards and with the same availability, as offered to any other individual receiving services from Provider.~~

~~**Section 6.3 Equal Opportunity Employer.** Southeast Iowa Link is an equal employment opportunity employer. Southeast Iowa Link supports a policy which prohibits discrimination against any employee or applicant for employment on the basis of age, race, creed, color, sex, sexual orientation, gender identity, national origin, religion, or disability or any other classification protected by law or ordinance. Provider agrees that it is in full compliance with SEIL Region's Equal Employment Policy as expressed herein.~~

~~**Section 6.4 Confidentiality of Records.** Southeast Iowa Link and Provider agree to maintain the confidentiality of all information regarding Covered Services provided to Southeast Iowa Link Individuals under this Agreement in accordance with any applicable laws and regulations, including HIPAA. Provider acknowledges that in receiving, storing, processing, or otherwise dealing with information from Southeast Iowa Link about Individuals, it is fully bound by federal and state laws and regulations, including HIPAA, governing the confidentiality of medical records, mental health records and Protected Health Information.~~

SECTION 7

Term and Termination

~~**Section 7.1 Term.** The initial term of this Agreement shall be for a period of one (1) year, commencing on the date first above written, unless terminated earlier by either party in accordance with this Agreement.~~

~~**Section 7.2 Nonrenewal of Agreement.** Either party may choose not to renew this Agreement upon ninety (90) days written notice to the other party prior to the expiration of the contract.~~

~~**Section 7.3 Termination of Agreement Without Cause.** Either party may terminate this Agreement without cause upon ninety (90) days prior written notice of termination to the other party.~~

~~**Section 7.4 Termination With Cause by Southeast Iowa Link.** Southeast Iowa Link shall have the right to terminate this Agreement immediately by giving written notice to Provider upon the occurrence of any of the following events: (a) restriction, suspension or revocation of Provider's license, certification or accreditation; (b) Provider's loss of any liability insurance required under this Agreement; (c) bankruptcy filing by the Provider, or (d) Provider's material breach of any of the terms or obligations of this Agreement.~~

~~**Section 7.5 Termination With Cause by Provider.** Provider shall have the right to terminate this Agreement immediately by giving written notice to Southeast Iowa Link upon the occurrence of SEIL material breach of any of the terms or obligations of this Agreement.~~

Section 7.6 Information to Southeast Iowa Link Individuals. Provider acknowledges the right of Southeast Iowa Link to inform Southeast Iowa Link Individuals of Provider's termination and agrees to cooperate with Southeast Iowa Link in deciding on the form of such notification.

Section 7.7 Continuation of Services After Termination. Upon request by SEIL, Provider shall continue to render Covered Services in accordance with this Agreement until Southeast Iowa Link has transferred Southeast Iowa Link Individuals to another provider or until such Southeast Iowa Link Individual is discharged.

Section 7.8 Notices to Southeast Iowa Link. Any notice, request, demand, waiver, consent, approval or other communication to Southeast Iowa Link which is required or permitted herein shall be in writing and shall be deemed given only if delivered personally, or sent by registered mail or certified mail, or by express mail courier service, postage prepaid, to the Host County/Local Access for the region:

CDS county	CDS county	CDS county	CDS county
CDS address	CDS address	CDS address	CDS address
CDS address	CDS address	CDS address	CDS address
CDS name	CDS name	CDS name	CDS name

The Host County/Local Access will then forward this to the CEO and SEIL Regional Governing Board for consideration.

Section 7.9 Notices to Provider. Any notice, request, demand, waiver, consent, approval or other communication to Provider which is required or permitted herein shall be in writing and shall be deemed given only if delivered personally, or sent by registered mail or certified mail, or by express mail courier service, postage prepaid, as follows:

Provider Name
Provider Address
Provider Address
Attention: provider manager

SECTION 8 **Amendments**

Section 8.1 Amendment. This Agreement may be amended at any time by the mutual written agreement of the parties. In addition, Southeast Iowa Link may amend this Agreement upon sixty (60) days advance notice to Provider and if Provider does not provide written objection to Southeast Iowa Link within the sixty (60) day period, then the amendment shall be effective at the expiration of the sixty (60) day period.

Section 8.2 Regulatory Amendment. Southeast Iowa Link may also amend this Agreement to comply with applicable statutes and regulations and shall give written notice to Provider of such amendment and its effective date. Such amendment will not require sixty (60) days advance written notice.

Section 8.3 Region Management Plan Amendment. Southeast Iowa Link may also amend this Agreement to comply with changes in the Region Management Plan and shall give written notice to Provider of such amendment and its effective date. Such amendment will not require sixty (60) days advance written notice.

SECTION 9 **Other Terms and Conditions**

~~**Section 9.1 Non-Exclusivity.** This Agreement does not confer upon the Provider any exclusive right to provide services to Southeast Iowa Link Individuals in Provider's geographical area. Southeast Iowa Link reserves the right to contract with other providers. The parties agree that Provider may continue to contract with other organizations.~~

~~**Section 9.2 Assignment.** Provider may not assign any of its rights and responsibilities under this Agreement to any person or entity without the prior written approval of Southeast Iowa Link.~~

~~**Section 9.3 Subcontracting.** Provider may not subcontract any of its rights and responsibilities under this Agreement to any person or entity without prior notification to Southeast Iowa Link.~~

~~**Section 9.4 Entire Agreement.** This Agreement and attachments attached hereto constitute the entire agreement between Southeast Iowa Link and Provider, and supersedes or replaces any prior agreements between Southeast Iowa Link and Provider relating to its subject matter.~~

~~**Section 9.5 Rights of Provider and Southeast Iowa Link.** Provider agrees that Southeast Iowa Link may use Provider's name, address, telephone number, description of Provider and Provider's care and specialty services in any promotional activities. Otherwise, Provider and Southeast Iowa Link shall not use each other's name, symbol or service mark without prior written approval of the other party.~~

~~**Section 9.6 Invalidity.** If any term, provision or condition of this Agreement shall be determined invalid by a court of law, such invalidity shall in no way effect the validity of any other term, provision or condition of this Agreement, and the remainder of the Agreement shall survive in full force and effect unless to do so would substantially impair the rights and obligations of the parties to this Agreement.~~

~~**Section 9.7 No Waiver.** The waiver by either party of a breach or violation of any provisions of this Agreement shall not operate as or be construed to be a waiver of any subsequent breach.~~

~~**This Agreement has been executed by the parties hereto, through their duly authorized officials.**~~

SOUTHEAST IOWA LINK:	PROVIDER:
By: _____	By: _____
Print Name: _____	Print Name: _____
Print Title: _____	Print Title: _____
Date: _____	Date: _____

ATTACHMENT A _____ **Provider** _____ **Contract Period** _____

~~This Agreement has been executed by the parties hereto, through their duly authorized officials.~~

SOUTEAST IOWA LINK: _____ **PROVIDER:** _____

By: _____ By: _____

Print Name: _____ Print Name: _____

Print Title: _____ Print Title: _____

Date: _____ Date: _____

SERVICE DEFINITIONS AND RATES

Service Description	Unit of Service*	Rate
	H = Hourly D = Daily ½ = ½ Day M = Monthly E = Each	

ATTACHMENT B _____ Enter Provider Name Here _____ July 1, 201 through June 30, 201

Refer to the Medicaid Rate, as identified by IME, for the following services. The services identified with an asterisk (*) require an assessment.

Core Domains	-
--------------	---

COA	Treatment
43301	Assessment & evaluation
42305	Mental health outpatient therapy
	Psychiatric Evaluation
	Psychosocial Evaluation
	Psychological Testing
	Psychiatric Med Management (Psychiatrist only)
	Psychiatric Med Management (With Brief Psychotherapy – 30 minutes with M.D.)
	Individual Psychotherapy
	Group Therapy
	Psychiatric Nurse Practitioner – ARNP Psychiatric Evaluation
	Psychiatric Nurse Practitioner – ARNP Med Management / Therapy
	Limited Nurse Visit – Med Check
42306	Medication prescribing & management
71319	Mental health inpatient therapy-MHI
73319	Mental health inpatient therapy
-	Basic Crisis Response
*32322	Personal emergency response system
44301	Crisis evaluation
44305	24-hour access to crisis response
-	Support for Community Living
*32320	Home health aide
*32325	Respite
*32328	Home & vehicle modifications
*32329	Supported community living
-	Support for Employment
*50362	Prevocational services
*50367	Day habilitation
*50364	Job development
*50368	Supported employment
*50369	Group Supported employment-enclave
-	Recovery Services
45323	Family support
45366	Peer support
-	Service Coordination
21375	Case management
24376	Health homes (IHH Care Coordination)
-	Core Evidenced Based Treatment
04422	Ed. & Training Services-provider competency
*32396	Supported Housing
42398	Assertive Community Treatment (ACT)
45373	Family psycho education

Southeast Iowa Link
Provider and Program Participation Agreement

THIS AGREEMENT (the “Agreement”), entered into this 1st day of July, 2020, is by and between Southeast Iowa Link and _____ (“Provider”), and ending the 30th day of June, 2021.

The statements and intentions of the parties, to this Agreement, are as follows:

_____ Southeast Iowa Link is an inter-governmental entity organized under Chapter 28E of the Code of Iowa, governed by its Governing Board. Mental health services are funded by Southeast Iowa Link and Administered by the Chief Executive Officer within the scope and according to the criteria of the Region Management Plan. Southeast Iowa Link is interested in contracting with Provider to purchase Covered Services for the benefit of Southeast Iowa Link Individuals.

_____ Provider is licensed, certified and/or accredited under the laws of the State of Iowa to provide mental health, mental retardation and/or developmental disability services and is interested in contracting with Southeast Iowa Link to provide Covered Services for the benefit of Southeast Iowa Link Individuals.

_____ In consideration of the premises and promises contained herein, it is mutually agreed by and between Southeast Iowa Link and Provider as follows:

SECTION 1 **Definitions**

Assignment: The act of transferring to another all or part of one’s property interest or rights.

Behavioral health outpatient therapy means the same as outpatient services described in Iowa Code section 230 A. 106 (2) a: Outpatient services shall consist of evaluation and treatment services provided on an ambulatory basis for the target population. Outpatient services include psychiatric evaluations, medication management, and individual, family, and group therapy. In addition, outpatient services shall include specialized outpatient services directed to the following segments of the target population: children, elderly, individuals who have serious and persistent mental illness, and residents of the service area who have been discharged from inpatient treatment at a mental health facility. Outpatient services shall provide elements of diagnosis, treatment, and appropriate follow-up. The provision of only screening and referral services does not constitute outpatient services.

Chief Executive Officer: Administrator of the Region Management Plan as approved by the SEIL Governing Board.

Children’s behavioral health services: Behavioral health services for children who have a diagnosis of serious emotional disturbance.

Children’s behavioral health system or children’s system: The behavioral health system for children implemented pursuant to Iowa Code chapter 225C.

Chief Executive Officer: Administrator of the Region Management Plan as approved by the SEIL Governing Board.

Community Services Network (CSN): CSN is a statewide management system for Mental Health and Disability Services and Children’s Behavioral Health (MHDS/CBH) departments.

Community Services Network Provider Portal: The provider portal is a state-wide system where providers enter state mandated outcomes.

Covered Services: Services enumerated in the Region Management Plan’s Service Matrix.

DHS: Iowa Department of Human Services

Education Services: Activities that increase awareness and understanding of the causes and nature of conditions or factors which affect an individual's development and functioning.

Five-Star Quality: The Iowa Association of Community Providers has proposed the Five Star Quality program as a philosophical basis for service delivery and client outcomes. SEIL requires the same outcome measures for all providers of long term services. Community housing, community employment, somatic care, and community integration are elements of the Five Star Quality program and service integration.

HIPAA: Health Insurance Portability and Accountability Act, a United States law designed to provide privacy standards to protect patients' medical records and other health information provided to health plans, doctors, hospitals and other health care providers. Developed by the Department of Health and Human Services, these new standards provide patients with access to their medical records and more control over how their personal health information is used and disclosed.

Individual Authorization: An individual authorization is a standard form, signed by an individual, to allow disclosure of their personal health information. The form must include the specific personal health information to be disclosed, who is to receive the information, and when the authorization expires. The individual may revoke the authorization at any time.

Iowa State Association of Counties (ISAC): ISAC is the state association for county governments in the SEIL region.

Mental health inpatient treatment or behavioral health inpatient treatment (Adult): Inpatient psychiatric services to treat an acute psychiatric condition that are provided in a licensed hospital with a psychiatric unit or a licensed freestanding psychiatric hospital.

Prevention: Efforts to increase awareness and understanding of the causes and nature of conditions or situations which affect an individual's functioning in society. Prevention activities are designed to convey information about the cause of conditions, situations, or problems that interfere with an individual's functioning or ways in which that information can be used to prevent their occurrence or reduce their effect and may include, but are not limited to, training events, webinars, presentations, and public meetings.

Protected Health Information: Individually identifiable health information that is transmitted by or maintained in electronic media or transmitted by or maintained in any other form or medium.

Quality Service Development and Assessment (QSDA) Committee: The Quality Service Development and Assessment Committee is a group of stakeholders whose primary responsibility is to facilitate a statewide standardized approach to the delivery of quality services measured through the utilization of outcome standards. The SEIL Region uses quality measures in addition to QSDA.

Region: The inter governmental entity created under Chapter 28E of the Code of Iowa and Section 331.390 that include the following member counties: Des Moines, Henry, Jefferson, Keokuk, Lee, Louisa, Van Buren and Washington.

Southeast Iowa Link Individual: A person who is eligible and authorized to receive funding as defined in the Region Management Plan as approved by the Director of Human Services.

Region Management Plan: Southeast Iowa Link's plan, developed pursuant to Iowa Code Section 331.393, for providing an array of cost effective individualized services and supports which assist Southeast Iowa Link Individuals be as independent, productive and integrated into the community as possible within the constraints of the services fund.

Request for Proposal (RFP): Southeast Iowa Link Region requests proposals for the development and implementation of new services.

~~**Serious Emotional Disturbance (SED) as defined in Iowa Code section 225C2:** SED means a diagnosable, mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the most current diagnostic and statistical manual of mental disorders published by the American Psychiatric Association that results in a functional impairment. “SED” does not include substance use and developmental disorders unless such disorders co-occur with such a diagnosable mental, behavioral, or emotional disorder. (Anxiety DO’s, Depression DO’s, Oppositional Defiant Disorder (ODD), Conduct DO’s, Obsessive Compulsive Disorder (OCD), Post Traumatic Stress Disorder (PTSD), Bipolar DO’s.)~~

~~**State board:** The children’s behavioral health system state board created in Iowa Code section 225C.51.~~

~~**Subcontract:** The act in which one party to the original contract enters into a contract or agreement with a third party to provide some or all of the services listed in the original contract.~~

SECTION 2 **Duties of Provider**

~~**Section 2.1 Provision of Covered Services.** Provider shall provide Covered Services to each Southeast Iowa Link Individual who is authorized by Chief Executive Officer to receive such services to the extent designated in Attachment A, Service Definitions and Rates. Such services shall be rendered in compliance with applicable laws and regulations and the Region Management Plan. Provider shall also provide Covered Services in a manner which: (a) documents the services provided, in conformance with federal, state and local laws and regulations and the Region Management Plan, and (b) protects the confidentiality of the Southeast Iowa Link Individual’s medical records and Protected Health Information.~~

~~See Attachments for service detail.~~

~~**Section 2.2 Compliance with the Region Management Plan.** Provider and its staff shall be bound by and provide Covered Services in compliance with the Region Management Plan. Failure to comply with the Region Management Plan may result in sanctions such as, but not limited to, the loss of reimbursement and/or termination of the Agreement.~~

~~➤ SEIL is implementing strategies to move towards performance based contracting and services. SEIL works cooperatively with Iowa Association of Community Providers to train and implement Five Star Quality.~~

~~➤ SEIL supports outcome measurements that minimize the impact of the MHDS/CBH system complexities on the member. The goal is an approach to core services, access, and practice standards, with outcomes being reported by our providers through our CSN system and/or region requested outcome documents. Data entries and/or outcomes documents are expected to occur for our contracted providers in FY 21.~~

~~➤~~

~~**Section 2.3 Authorization and Notification Requirements.** All Covered Services provided to Southeast Iowa Link Individuals by Provider must be authorized by the Chief Executive Officer prior to or at the time of rendering services or in accordance with the Region Management Plan. The Region Management Plan shall not diminish Provider’s obligation to render Covered Services consistent with the applicable standard of care.~~

~~**Section 2.4 Access to Books and Records.** Unless otherwise required by applicable statutes or regulations, Provider shall allow Southeast Iowa Link access to books and records, for purposes of appeals, utilization, grievance, claims payment review, individual medical records review or financial audits, during the term of this contract and seven (7) years following its termination. Provider shall provide records or copies of records at a cost of twenty five cents (\$.25) a page.~~

~~**Section 2.5 Cost Reports.** Provider shall comply with all policy and procedures in the Region rate setting process. SEIL will use negotiated cost report methods in FY21. SEIL will cost settle services as designated in Attachment A.~~

SECTION 3

Claims Submission and Payment

Section 3.1 Claims Submission. Provider agrees to submit all claims for reimbursement in accordance with the Region Management Plan.

Section 3.2 Claims Payment. Southeast Iowa Link will pay claims in accordance with the Region Management Plan.

From the Management Plan: J. Service Provider Payment Provisions
IC 331.393(2)e; 331.393(4)k; IAC 441-25.21(1)k

Each service provider shall submit monthly billing invoices and other information requested of the provider for utilization review. The monthly billings shall include the following information:

- Name and unique identifier of each individual served during the reporting period
- Number of units of service delivered to each individual served
- When requested, attendance records
- Unit rate and total cost of the units provided to each individual, co-payment or other charges billed to other sources shown as deductions on the billing
- Actual amount to be charged to SEIL for each individual for the period
- The invoice must contain the provider name, address, invoice date, invoice number and signature

SEIL staff shall review the billings and additional utilization information in comparison with the Notice of Decision in place. Services billed without a Notice of Decision shall be deducted from the billing. All eligible bills shall be submitted no later than sixty (60) calendar days after the month the service was provided or as directed in the provider contract. Submitted invoices shall be paid according to the SEIL Fiscal Agent Auditor claim cycle. This should usually occur within sixty (60) calendar days of receipt of the bill unless unforeseen circumstances exist or additional documentation is required. No billings received more than sixty (60) calendar days after the close of the fiscal year (in which the service was provided) shall be considered for payment by SEIL unless there is a statutory obligation. The fiscal year for SEIL is July 1 – June 30.

Section 3.3 Compensation to Provider. Provider agrees to accept payment from Southeast Iowa Link for Covered Services provided to Southeast Iowa Link Individuals under this Agreement as payment in full, less any Copayment or other amount which is due from Southeast Iowa Link Individuals for such services. Compensation for Covered Services is included as Attachment A, Service Definitions and Rates.

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Relationship Between the Parties

Section 4.1 Relationship Between Southeast Iowa Link and Provider. The relationship between Southeast Iowa Link and Provider is solely that of independent contractor and nothing in this Agreement shall be construed or deemed to create any other relationship including one of employment, agency or joint venture. Provider shall maintain social security, workers' compensation and all other employee benefits covering Provider's employees as required by law.

SECTION 5

Hold Harmless, Indemnification and Liability Insurance

Section 5.1 Provider Hold Harmless and Indemnification. Provider shall defend, hold harmless and indemnify Southeast Iowa Link against any and all claims, liability, damages or judgments asserted against, imposed or incurred by Southeast

Iowa Link that arise out of acts or omission of Provider or Provider's employees, agents or representatives in the discharge of its responsibilities under this Agreement.

Section 5.2 Southeast Iowa Link Hold Harmless and Indemnification. Southeast Iowa Link shall defend, hold harmless and indemnify Provider against any and all claims, liability, damages or judgments asserted against, imposed or incurred by Provider that arise out of acts or omission of Southeast Iowa Link or Southeast Iowa Link employees, agents or representatives in the discharge of its responsibilities under this Agreement.

Section 5.3 Provider Liability Insurance. Provider shall procure and maintain, at the Provider's own expense, professional liability insurance and comprehensive general or umbrella liability insurance. Evidence of insurance shall be provided at the time of execution of this Agreement and may be provided in the form of a certificate of insurance.

SECTION 6

Laws and Regulations

Section 6.1 Laws and Regulations. Provider warrants that it is, and during the term of this Agreement will continue to be, operating in full compliance with all applicable federal and state laws.

Section 6.2 Compliance with Civil Rights Laws. Provider agrees not to discriminate or differentiate in the treatment of any individual based on age, race, creed, color, sex, sexual orientation, gender identity, national origin, religion, or disability. Provider agrees to ensure mental health services are rendered to SEIL Region Individuals in the same manner, and in accordance with the same standards and with the same availability, as offered to any other individual receiving services from Provider.

Section 6.3 Equal Opportunity Employer. Southeast Iowa Link is an equal employment opportunity employer. Southeast Iowa Link supports a policy which prohibits discrimination against any employee or applicant for employment on the basis of age, race, creed, color, sex, sexual orientation, gender identity, national origin, religion, or disability or any other classification protected by law or ordinance. Provider agrees that it is in full compliance with SEIL Region's Equal Employment Policy as expressed herein.

Section 6.4 Confidentiality of Records. Southeast Iowa Link and Provider agree to maintain the confidentiality of all information regarding Covered Services provided to Southeast Iowa Link Individuals under this Agreement in accordance with any applicable laws and regulations, including HIPAA. Provider acknowledges that in receiving, storing, processing, or otherwise dealing with information from Southeast Iowa Link about Individuals, it is fully bound by federal and state laws and regulations, including HIPAA, governing the confidentiality of medical records, mental health records and Protected Health Information.

SECTION 7

Term and Termination

Section 7.1 Term. The initial term of this Agreement shall be for a period of one (1) year, commencing on the date first above written, unless terminated earlier by either party in accordance with this Agreement.

Section 7.2 Nonrenewal of Agreement. Either party may choose not to renew this Agreement upon ninety (90) days written notice to the other party prior to the expiration of the contract.

Section 7.3 Termination of Agreement Without Cause. Either party may terminate this Agreement without cause upon ninety (90) days prior written notice of termination to the other party.

Section 7.4 Termination With Cause by Southeast Iowa Link. Southeast Iowa Link shall have the right to terminate this Agreement immediately by giving written notice to Provider upon the occurrence of any of the following events: (a)

restriction, suspension or revocation of Provider's license, certification or accreditation; (b) Provider's loss of any liability insurance required under this Agreement; (c) bankruptcy filing by the Provider, or (d) Provider's material breach of any of the terms or obligations of this Agreement.

Section 7.5 Termination With Cause by Provider. Provider shall have the right to terminate this Agreement immediately by giving written notice to Southeast Iowa Link upon the occurrence of SEIL material breach of any of the terms or obligations of this Agreement.

Section 7.6 Information to Southeast Iowa Link Individuals. Provider acknowledges the right of Southeast Iowa Link to inform Southeast Iowa Link Individuals of Provider's termination and agrees to cooperate with Southeast Iowa Link in deciding on the form of such notification.

Section 7.7 Continuation of Services After Termination. Upon request by SEIL, Provider shall continue to render Covered Services in accordance with this Agreement until Southeast Iowa Link has transferred Southeast Iowa Link Individuals to another provider or until such Southeast Iowa Link Individual is discharged.

Section 7.8 Notices to Southeast Iowa Link. Any notice, request, demand, waiver, consent, approval or other communication to Southeast Iowa Link which is required or permitted herein shall be in writing and shall be deemed given only if delivered personally, or sent by registered mail or certified mail, or by express mail courier service, postage prepaid, to the Host County/Local Access for the region:

SEIL _____
PO Box 937 _____
Keokuk, IA 52632 _____
Attn: RYANNE WOOD _____

The CEO and/or the SEIL Regional Governing Board will review for consideration.

Section 7.9 Notices to Provider. Any notice, request, demand, waiver, consent, approval or other communication to Provider which is required or permitted herein shall be in writing and shall be deemed given only if delivered personally, or sent by registered mail or certified mail, or by express mail courier service, postage prepaid, as follows:

SECTION 8 **Amendments**

Section 8.1 Amendment. This Agreement may be amended at any time by the mutual written agreement of the parties. In addition, Southeast Iowa Link may amend this Agreement upon sixty (60) days advance notice to Provider and if Provider does not provide written objection to Southeast Iowa Link within the sixty (60) day period, then the amendment shall be effective at the expiration of the sixty (60) day period.

Section 8.2 Regulatory Amendment. Southeast Iowa Link may also amend this Agreement to comply with applicable statutes and regulations and shall give written notice to Provider of such amendment and its effective date. Such amendment will not require sixty (60) days advance written notice.

Section 8.3 Region Management Plan Amendment. Southeast Iowa Link may also amend this Agreement to comply with changes in the Region Management Plan and shall give written notice to Provider of such amendment and its effective date. Such amendment will not require sixty (60) days advance written notice.

SECTION 9
Other Terms and Conditions

Section 9.1 Non-Exclusivity. This Agreement does not confer upon the Provider any exclusive right to provide services to Southeast Iowa Link Individuals in Provider's geographical area. Southeast Iowa Link reserves the right to contract with other providers. The parties agree that Provider may continue to contract with other organizations.

Section 9.2 Assignment. Provider may not assign any of its rights and responsibilities under this Agreement to any person or entity without the prior written approval of Southeast Iowa Link.

Section 9.3 Subcontracting. Provider may not subcontract any of its rights and responsibilities under this Agreement to any person or entity without prior notification to Southeast Iowa Link.

Section 9.4 Entire Agreement. This Agreement and attachments attached hereto constitute the entire agreement between Southeast Iowa Link and Provider and supersedes or replaces any prior agreements between Southeast Iowa Link and Provider relating to its subject matter.

Section 9.5 Rights of Provider and Southeast Iowa Link. Provider agrees that Southeast Iowa Link may use Provider's name, address, telephone number, description of Provider and Provider's care and specialty services in any promotional activities. Otherwise, Provider and Southeast Iowa Link shall not use each other's name, symbol or service mark without prior written approval of the other party.

Section 9.6 Invalidity. If any term, provision or condition of this Agreement shall be determined invalid by a court of law, such invalidity shall in no way effect the validity of any other term, provision or condition of this Agreement, and the remainder of the Agreement shall survive in full force and effect unless to do so would substantially impair the rights and obligations of the parties to this Agreement.

Section 9.7 No Waiver. The waiver by either party of a breach or violation of any provisions of this Agreement shall not operate as or be construed to be a waiver of any subsequent breach.

This Agreement has been executed by the parties hereto, through their duly authorized officials.

SOUTHEAST IOWA LINK: _____ **PROVIDER:** _____

By: _____ By: _____

Print Name: _____ Print Name: _____

Print Title: _____ Print Title: _____

Date: _____ Date: _____

ATTACHMENT A _____ **Enter Provider Name Here** _____ **July 1, 2020 through June 30, 2021**

SOUTHEAST IOWA LINK: _____ **PROVIDER:** _____

By: _____ By: _____

Print Name: _____ Print Name: _____

Print Title: _____ Print Title: _____

Date: _____ Date: _____

SERVICE DEFINITIONS AND RATES

<u>Service Description</u>	<u>Unit of Service*</u> <u>H = Hourly</u> <u>D = Daily</u> <u>1/2 = 1/2 Day</u> <u>M = Monthly</u> <u>E = Each</u> <u>Y = Year</u>	<u>Rate</u>
<u>COA</u>		
<u>COA</u>		

<u>COA</u>		
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ATTACHMENT B SEIL REGION COA CODES July 1, 2020 through June 30, 2021
Refer to the Medicaid Rate, as identified by IME, for the following services. The services identified with an asterisk (*) require an assessment.

Core Domains	
COA	Treatment
<u>43301</u>	<u>Assessment & evaluation</u>
<u>42305</u>	<u>Mental health outpatient therapy</u>
<u>42305</u>	<u>Psychiatric Evaluation</u>
<u>42305</u>	<u>Psychosocial Evaluation</u>
<u>42305</u>	<u>Psychological Testing</u>
<u>42305</u>	<u>Psychiatric Med Management (Psychiatrist only)</u>
<u>42305</u>	<u>Psychiatric Med Management (With Brief Psychotherapy— 30 minutes with M.D.)</u>
<u>42305</u>	<u>Individual Psychotherapy</u>
<u>42305</u>	<u>Group Therapy</u>
<u>42305</u>	<u>Psychiatric Nurse Practitioner— ARNP Psychiatric Evaluation</u>
<u>42305</u>	<u>Psychiatric Nurse Practitioner— ARNP Med Management / Therapy</u>
<u>42305</u>	<u>Limited Nurse Visit— Med Check</u>
<u>42306</u>	<u>Medication prescribing & management</u>
<u>71319</u>	<u>Mental health inpatient therapy MHI</u>
<u>73319</u>	<u>Mental health inpatient therapy</u>
-	<u>Basic Crisis Response</u>
<u>*32322</u>	<u>Personal emergency response system</u>
<u>44301</u>	<u>Crisis evaluation</u>
<u>44302</u>	<u>23 hour crisis observation and holding</u>
<u>44305</u>	<u>24 hour access to crisis response</u>
<u>44307</u>	<u>Mobile response</u>
<u>44312</u>	<u>Crisis stabilization community based services</u>
<u>44313</u>	<u>Crisis stabilization residential services</u>
-	<u>Support for Community Living</u>
<u>* 32320</u>	<u>Home health aide</u>
<u>* 32325</u>	<u>Respite</u>
<u>* 32328</u>	<u>Home & vehicle modifications</u>
<u>* 32329</u>	<u>Supported community living</u>
<u>* 63309</u>	<u>Sub Acute Beds (1-5 beds)</u>
<u>* 64309</u>	<u>Sub Acute Beds (6+ beds)</u>

-	<u>Support for Employment</u>
* 50362	<u>Prevocational services</u>
* 50364	<u>Job development</u>
* 50367	<u>Day habilitation</u>
* 50368	<u>Supported employment</u>
* 50369	<u>Group Supported employment-enclave</u>
-	<u>Recovery Services</u>
45323	<u>Family support</u>
45366	<u>Peer support</u>
-	<u>Service Coordination</u>
21375	<u>Case management</u>
24376	<u>Health homes (IHH Care Coordination)</u>
-	<u>Core Evidenced Based Treatment</u>
04422	<u>Ed. & Training Services provider competency</u>
* 32396	<u>Supported Housing</u>
42398	<u>Assertive Community Treatment (ACT)</u>
45373	<u>Family psychoeducation</u>

modified July 1, 2020 — SIS and KRH

Southeast Iowa Link

Notice of Privacy Practice

Security/Privacy Officer Tami Gilliland
641-622-2383

TGilliland@southeastiowalink.com

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

~~For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.~~

~~In these cases, you have both the right and choice to tell us to:~~

- ~~• Share information with your family, close friends, or others involved in payment for your care~~
- ~~• Share information in a disaster relief situation~~

~~If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.~~

~~In these cases we never share your information unless you give us written permission:~~

- ~~• Marketing purposes~~
- ~~• Sale of your information~~

Our Uses and Disclosures

~~How do we typically use or share your health information?~~

~~We typically use or share your health information in the following ways.~~

~~Help manage the health care treatment you receive~~

~~We can use your health information and share it with professionals who are treating you.~~

~~Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.~~

~~Run our organization~~

- ~~• We can use and disclose your information to run our organization and contact you when necessary.~~
- ~~• We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.~~

~~Example: We use health information about you to develop better services for you.~~

~~Pay for your health services~~

~~We can use and disclose your health information as we pay for your health services.~~

~~Example: We share information about you with your dental plan to coordinate payment for your dental work.~~

~~Administer your plan~~

~~We may disclose your health information to your health plan sponsor for plan administration.~~

~~Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.~~

~~How else can we use or share your health information?~~

~~We are allowed or required to share your information in other ways—usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.~~

~~Help with public health and safety issues~~

~~We can share health information about you for certain situations such as:~~

- ~~• Preventing disease~~

- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you.

DRAFT